

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | Coney Island
- NYC Health + Hospitals | Sea View Nursing and Rehabilitation Center

2020 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | Renaissance Diagnostic & Treatment Center- Gotham

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Coler Nursing Facility
- NYC Health + Hospitals | Henry J. Carter Specialty Hospital
- NYC Health + Hospitals | Henry J Carter Nursing Facility

OPEN PUBLIC SESSION - 3:00 PM

1. Adoption of Minutes: September 30, 2021

Mr. Pagán

2. **Informational Item - Executive Committee Report – Contract Approval – October 4, 2021**

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with LIC Com LLC (the “Vendor”) to provide home delivery of emergency meals to food-insecure New Yorkers in COVID quarantine and isolation for a total amount not to exceed \$10M for the period November 1, 2021 through June 30, 2022
Adoption of Minutes Executive Committee: October 4, 2021

Dr. Long

Adoption of Executive Committee Minutes: October 4, 2021

Chair’s Report

Mr. Pagán

President’s Report

Dr. Katz

3. Adopting the New York City Health and Hospitals Corporation’s (the “System”) **revised Principles of Professional Conduct (“POPC”)**, which, sets forth in the System’s compliance expectations and commitment to comply with all applicable Federal and State laws. The POPC serves at the System’s code of conduct, as required by 18 NYCRR § 521.3(c)(1), and as recommended by the U.S. Department of Justice Criminal Division “Evaluation of Corporate Compliance Programs,” updated June 2020. The revised POPC also updates the System’s gift policy as detailed in Operating Procedure 50-3 “Policy on Gift Exchange and Receipt”.

(Presented to the Audit Committee: (10/18/2021)

VENDEX: NA / EEO: NA

Ms. Hernandez-Piñero

4. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with **Creative Snow By Cow Bay, Inc** (the “Vendor”) for three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation to provide snow removal services for a total amount not to exceed \$6,920,000 for the period November 1, 2021 through October 31, 2026.

(Presented to the Finance Committee: (10/18/2021)

VENDEX: Approved / EEO: Pending

Ms. Wang

5. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a revocable five year license agreement with **Newtown Dialysis Center, Inc., of New York** (the “Licensee”) for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the “Facility”) at an occupancy fee rate of \$71.00 per square foot or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five-year term
(Presented to the Capital Committee: (10/18/2021)

VENDEX: NA / EEO: NA

Mr. Peña-Mora

Committee and Subsidiary Reports

- Audit Committee
- Finance Committee
- Capital Committee
- HHC Accountable Care Organization
- MetroPlus Health

>>Old Business<<

>>New Business<<

>>Adjournment<<

Ms. Hernandez-Piñero
Ms. Wang
Mr. Peña-Mora
Mr. Siegler
Ms. Hernandez-Piñero

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 30th day of September, 2021, at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán - In Person
Dr. Mitchell Katz - In Person
Dr. Vincent Calamia
Dr. Chinazo Cunningham
Dr. Dave Chokshi- left at 3:00
Dr. Michelle Morse - joined at 3:06
Mr. Phillip Wadle- In Person
Mr. Scott French - left at 4:12
Ms. Barbara Lowe joined Executive Session at 2:14 and
 Joined open session at 3:13
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero joined at 2:07; Left at 4:17
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra - left at 3:00

Jose Pagán, Chair of the Board, called the meeting to order at 2:05 p.m. Mr. Pagán chaired the meeting and Andrea Cohen, General Counsel, kept the minutes thereof.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks, Phillip Wadle would be representing Deputy Mayor Melanie Hartzog, and Dr. Michelle Morse would be representing Dr. Dave Chokshi - all in a voting capacity.

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding personnel, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:06.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on July 29, 2021, were presented to the Board. Then, on motion made and duly seconded, the Board adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on July 29, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

CHAIR'S REPORT

Mr. Pagán advised that during the Executive Session, the Board received and approved governing body oral and written report from NYC Health + Hospitals/Woodhull and from NYC Health and Hospitals Gotham/Cumberland, Diagnostic and Treatment with its 2020 Performance Improvement Planning Evaluation. The Board also received and approved semi-annual governing body reports, written submissions from NYC Health and Hospitals/Lincoln and NYC Health and Hospitals/Gouverneur Skilled Nursing.

Mr. Pagán noted the By-Laws provision on Committee Assignments at Article VI Section C of the By-Laws - Appointment, which reads, "The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees."

Mr. Pagán then proposed a motion to appoint Ms. Freda Wang to the Executive Committee.

Upon motion made and duly seconded Ms. Wang was appointed as a member of the Executive Committee.

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals Board may approve contracts prior to Vendex approval. There is one new item on the agenda requiring Vendex approval. There are ten items from previous Board meetings pending Vendex approval. Since the last Board meeting, one Vendex approval was received. The Board will be notified as outstanding Vendex approvals are received.

In the interest of time, the meeting advanced to the presentation of the action items.

ACTION ITEM 2:

Dr. Calamia read the resolution

Authorizing funding for New York City Health and Hospitals Corporation (the "System") **to continue to** operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. ("**PAGNY**") made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below: Lincoln Medical

& Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center; With an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Machelles Allen, Senior Vice President of Medical and Professional Affairs, presented background and the current state of negotiations. She said that negotiations have not had a negative impact on productivity. Dr. Allen also discussed PAGNY's contract/financial history.

After discussion, the Board requested an amendment to the resolution to include the existing contract extension period therefore adding a fifth clause to the resolution.

In consultation with the General Counsel, Mr. Pagán deferred the discussion and approval of the amended resolution for a later time in the meeting, pending review and confirmation of the exact language of said amendment.

ACTION ITEMS 3-10:

Action items three through ten were discussed after all were read into the record.

Dr. Calamia read the resolutions:

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("**Bellevue**") as a pediatric trauma center. Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolution

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons for NYC Health + Hospital/Bellevue as a trauma center.** Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolution

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.** Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolution

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("**Harlem**") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify

opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolution

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("**Jacobi**") **as a** pediatric trauma center. Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolutions

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the** American College of Surgeons for NYC Health + Hospitals/Jacobi ("**Jacobi**") **as a trauma center**. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolution

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("**Kings County**") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia read the resolution

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("**Lincoln**") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Following the introduction of Action Items 3 - 10, Dr. Sheldon Teperman, Chief of Trauma at Jacobi and head of the Trauma Clinical Service for the System, presented background information and explained the process for a facility to become a verified trauma center. Dr. Teperman also explained the capabilities of verified level one and level two trauma centers. Dr. Teperman highlighted that NYC Health + Hospital has been recognized by various organizations for its trauma centers.

In response to questions, Dr. Teperman clarified that there are five level one trauma centers: Bellevue Hospital, Elmhurst Hospital, Jacobi Hospital, Kings County Hospital, and Lincoln Hospital; and three level two trauma centers, including the pediatric centers: Harlem Hospital, Bellevue Hospital Pediatric Center and Jacobi Hospital Pediatric Center. These designations apply for a three-year period.

Dr. Allen assured the Board that while historically there have been struggles securing clinical specialty resources, there are adequate clinical resources in place to ensure continuity of care.

After discussion and upon a motion made and duly seconded, the Board unanimously approved resolutions 3 - 10.

ACTION ITEM 11

Mr. Pagán read the resolution

Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") for Fiscal Year 2021 to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

(Presented Directly to the Board of Directors: 09/30/2021)

Jeremy Berman, Deputy Counsel, shared with the Board a summary of the statutory mandate, process and requirements for the yearly adoption of the System's mission statement. Matthew Siegler, Senior Vice President, explained that the performance metrics also included in this process mirror the metrics reviewed and discussed in the Strategic Committee metric dashboard.

After discussion and upon motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 2- AMENDED RESOLUTION

Discussion regarding the motion to amend resolution 2 resumed and the Chair called for a vote on the proposed amendment to add a fifth Whereas clause as follows:

Whereas, New York City Health and Hospitals Corporation (the "System") Board of Directors at its meeting held in March 25, 2021, authorized funding for the further continuation of the PAGNY agreement for an additional six months, to approximately September 30, 2021.

Upon motion made and duly seconded, the Board unanimously approved the proposed amendment to the resolution.

The operative resolution remained unchanged from its previous reading.

Authorizing funding for New York City Health and Hospitals Corporation

(the "System") to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. ("PAGNY") made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below: Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center; With an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Upon motion made and duly seconded, the Board unanimously approved the amended resolution as a whole.

PRESIDENT'S REPORT

Dr. Katz opened his remarks by noting that his written report was included in the materials provided to the Directors and he welcomed questions. He highlighted that vaccination numbers are increasing, more-so following the vaccine mandate for all healthcare workers. NYC Health + Hospitals continues its efforts to educate the staff and community regarding the vaccination.

NYC Health + Hospitals' staff will have to be vaccinated otherwise they will not get paid; however, no disciplinary action against staff will be taken. Staff with a medical exemption will be able to use their sick time.

Dr. Katz shared his excitement about Dr. Mary Bassett's appointment as the Commissioner of the NYS Department of Health.

Hurricane Ida

Following Hurricane Ida, Dr. Katz shared that the System will need to focus on the System's aging infrastructure to ensure the continuity of services and delivery of high-quality care.

A follow up will be conducted with the Finance and Legal teams in response to the question regarding potential FEMA monies available after Hurricane Ida resulted in a State emergency declaration.

Rikers Island

NYC Health + Hospitals provides healthcare services to inmates on

Rikers Island. The serious deficit of correction officers places a strain on the delivery of healthcare and treatment for inmates.

Public Health Corps

Dr. Katz sees the transitioning of contact tracers under Test and Trace into on-going roles promoting health throughout the City and connecting services as a very positive development.

FISCAL YEAR 2021 ANNUAL PUBLIC MEETING RESPONSES

Ms. Deborah Brown, Senior Vice President for External and Regulatory Affairs, provided an overview of the compilation of questions and responses raised during the Annual Public Meetings. The full presentation is available for public viewing in the NYC Health + Hospitals website. There were five areas of concern raised by the public: COVID-19 vaccination; facility funding and projects; inequities; behavioral health; and CAB questions.

COMMITTEE AND SUBSIDIARY REPORTS

Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

As no old business or new business was raised before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:16 P.M.



Andrea G. Cohen
General Counsel

COMMITTEE REPORTS

Community Relations Committee - September 14, 2021 - Virtual Meeting

As Reported by: Robert Nolan

Committee Members Present: Robert Nolan, Mitchell Katz, M.D. joined at 5:06pm, Jose Pagan & Sally Hernandez-Piñero

Mr. Nolan began the meeting with the establishment of Quorum, and a motion was approved unanimously to adopt the minutes from the May 4, 2021 meeting at 5:10 p.m.

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and began discussing NYC Health + Hospitals/Gotham Health, Vanderbilt announcing that it will open a new Diabetes Center. According to the City's Health Department's Community Health Survey, the northern sections of Staten Island have some of the highest diabetes prevalence in the City. Services on-site will include, eye and foot care, virtual nutrition counseling, and the use of innovative technology, like the text-message based MITI (Mobile Insulin Titration Intervention) program to monitor blood sugar.

At-home testing for COVID-19 is now available to all immunocompromised New Yorkers and those ages 65 and older, the NYC Test & Trace Corps announced today. At-home appointments, which have been available for close contacts getting tested for COVID since March 2021, offer no cost testing to New Yorkers in the convenience and comfort of their homes.

NYC Health + Hospitals/Bellevue today announced it has opened its Same-Day Surgery Unit with state-of-the-art technology that will enable doctors, nurses, social workers, and other staff to provide advanced support services for patients, promoting a speedy recovery and allowing patients to go home the same day. The Same-Day Surgery Unit includes 14 medical bays that can be transformed into Intensive Care Units (ICUs), and two new procedure rooms for eye surgeries, allowing providers to treat more than 50 patients a day. In addition to new surgery accommodations, friends and family of same-day surgery patients can easily track their status via new waiting room kiosks and mobile tablets with special access through the patient's patient portal account, MyChart.

Mr. Nolan congratulated Warren Berke as the new Chairperson of the Council of Community Boards. They have spoken and he looks forward to working with the new Chair. Mr. Nolan also thanked Dr. Anthony Andrews, the former Chairperson of the Council of Community Advisory Board, for his services to NYC Health +Hospitals.

PRESIDENT'S REMARKS:

Dr. Katz began his remark by thanking Mr. Robert Nolan and the members of the Community Advisory Board. He proceeded his report by stating that we have seen a peaking of COVID due to Delta variant in the hospitals. Cases have been going down for the last three weeks, which gives us much more peace of mind and happiness to not see so many people as sick. This is attributed to a direct result of the very successful vaccination campaigns throughout New York. And even

among our workers, we're now past 80% of Health and Hospital workers being vaccinated. Four weeks ago, we were at 65% and the system has made a lot of progress in the last 4 weeks.

On September 27, the system will go into effect the requirement from the State of New York, that all healthcare personnel must be vaccinated. That is not just Health and Hospitals. That is all of our facilities and all of our partners of the other private hospitals and government hospitals that are in New York State. We are very hopeful that the remaining people, who have not yet been vaccinated, will want to be vaccinated. We have been very clear with our staff that they will not be able to enter our facilities after that day. Even if there are accommodations because of religious or medical reasons, they still will not be able to enter the buildings. So, we are very hopeful that people will want to get vaccinated.

Finally, just a note about the rain. It was a period of rain last week, where the rain fell so fast, that several of our hospitals flooded in the basements or had leaky roofs. This is a problem that many of the Community Advisory Boards have dealt with before; the buildings are often a little bit crumbling. We have not put the same resources and investment into the buildings, that we have to our programs. So leaky roofs at Harlem, a flooding at Jacobi, flooding at Elmhurst and the need to take equipment offline because of the flooding. These are surmountable problems, but would require a substantial investment. And we're currently working for the first time on having a master facility plan that shows all of the things that need to be fixed in all of our facilities. So that we can have a more thoughtful capital process.

Mr. Nolan then transitioned the conversation to the two reports from our Community Advisory Boards - Coler & McKinney, respectively.

NYC Health + Hospitals/Coler

Ms. Judy Berdy, Member of Coler CAB, started her report an update on the aggressive COVID-19 vaccination campaign Coler has underway with 94% of the residents vaccinated. Staff vaccination rates have reached 75% prior to the state mandate for all workers. Residents have some concerns about the unvaccinated staff but Coler leadership has been active in encouraging vaccination uptake. No reported COVID-19 cases among staff or residents in some time.

Coler has also installed new bedside TVs on two (2) resident units and completed TV upgrades in 8 units. These upgrades were provided by the work of the Coler Auxiliaries. Heated tents installed during the height of the pandemic were recently removed. Four chair dialysis units were constructed at the facility, as well as an emergency generator project scheduled to complete in early 2022. The facility has also expanded connectivity in areas experiencing poor Wi-Fi service.

Coler has been selected to partner with PlaneTree, an organization guiding healthcare facilities in building patient-centered care and enhancing patient experience. PlaneTree is working with CAB and Auxiliary members, residents, families and staff in focused groups, generating valuable information and ideas that will help guide process improvement projects.

Ms. Berdy ended her report by expressing frequent concerns that the facility is already working to address such as laundry services needing improvement and Wi-Fi connectivity that is seeing new investments. Ms. Berdy closed her report by mentioning that Coler was listed in Newsweek's Top 10 Ranking of Best Nursing Homes for 2021.

NYC Health + Hospitals/McKinney

Antoine Jean-Pierre, Chair of the McKinney CAB, presented his report starting with the human impact COVID-19 has had for the patients and staff at McKinney. He proceeded to discuss infrastructure/equipment with projects that were already earmarked were being executed and continues to today. Some infrastructure had to be place on hold such as the in-house dialysis because that space is designated as the COVID Suite, which takes precedent. However, new elevators were put in, a new morgue was constructed, a new learning center and all residents now has free telephone service. A clinic Onex system is now in place for keeping all families informed of any adverse activity in a timely manner.

He moved on to discussing patient safety/satisfaction mentioning the new wander guard system was put in place along with a new camera system. Residents were happy with the modified projects and programs put in place by Therapeutic Recreation. Contact with families were done daily through facetime and phones. For Safety, one designated COVID Suite is still operational. Cards from the community were again distributed to residents for Mothers' Day and Fathers' Day. Front-line staff must be commended for their tireless efforts in ensuring that care was never compromised.

He ended his report with frequent complaints raised by patients/residents such as non-contact with their families, but as time elapsed, face-time and window visits were put in place to help alleviate anxiety. Visitation continued for qualified Compassionate care. Residents were kept occupied by the staff of the Therapeutic Recreation departments.

There being no old or new business, the meeting adjourned at 5:38 p.m.

Virtual - Medical and Professional Affairs Committee - September 13, 2021

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Matthew Siegler sat in the beginning on behalf of Dr. Mitchell Katz, Dr. Mitchell Katz arrived later, Barbara Lowe, Chinazo Cunningham.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05 AM. On motion made and seconded, the Committee adopted the minutes of the April 12th, 2021 joint Medical and Professional Affairs and Information Technology committees.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, SVP/System Chief Medical Officer was included in the materials as reference, she highlighted the following:

BEHAVIORAL HEALTH

OBH implemented a House Staff Wellness webpage which is dedicated to the mental health and wellbeing all house staff across NYC Health + Hospitals regardless of their academic affiliation or pay line. It has been in operation since July 1, 2021.

Referral information with a concierge service managed by OBH that connects house staff with mental health services Information on 24/7 crisis line (1-800-NYC-WELL. Selected online resources Local and national hotlines Information on peer-to-peer support programs. Over the last several months, they have made 17 referrals. Total number referred to H+H site: 11, total number if referrals to private: 4, total number who declined referrals: 1, total number with other results: 1, total number with no results:0. That is a total number of 17 through this staff health hotline.

There is a system-wide emotional staff support in place. It is an anonymous support hotline managed by Office of Behavioral Health for all NYC Health + Hospitals employees since March 2020. Employees can call this number to reach out to speak with licensed mental health professionals. Clinicians for psychological and emotional supports related to fatigue, stress, burnout, anxiety, fear and depression. Since then they have taking over 200 calls. The primary reason are anxiety, depression childcare, and grief separation from the family, crisis, fear, isolation/loneliness, and trauma. The referrals that have made were to the domestic violence hotline, Helping Healers Heal, NYS HOPE Hotline, Suicide Prevention Hotline, Employee Assistance Program, Physician's Support Hotline, and Vaccine Finder. In addition to providing emotional and psychological support to the staff, our office of Behavioral Health is working with the Department of Education in collaboration with the Mayor's Office of Community and Mental Health to structure a new partnership between the City's public hospitals and over 25 public schools. This partnership is called Pathways to Care, expedites referrals from schools to connect students to care at our outpatient mental health clinics. This program rolled out in November 2020. It has been rolled out at 4 facilities: Kings County, Woodhull, Gouverneur (Gotham) and Elmhurst. To date we received 17 referrals during the school year.

B-HEARD

The Behavioral Health Emergency Assistance Response Division, or B-HEARD, is a new health-centered response to 911 mental health calls. This began June 6th, 2021 covering East Harlem and parts of Central and North Harlem. In areas where B-HEARD operates, 911 call operators dispatch new B-HEARD Teams –FDNY Emergency Medical Technicians (EMTs)/paramedics teamed with a Social Worker from NYC Health + Hospitals – as first responders to people experiencing a mental health emergency in instances that do not involve a weapon or imminent risk of violence. The B-HEARD teams use their physical and mental health expertise, and experience in crisis response to de-escalate emergencies and provide immediate care. These teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.

Behavioral Tele-Health

It started in March of 2020, they provide on demand urgent care (virtual ExpressWell) Go-Live October 2021. To date they seen 334K Adult ambulatory

visits and 50K Child psych visits. All others are part of the package, ED-Leads, CATCH, ECHO. ECHO program is for both patients and healthcare staff at NYC Health + Hospitals. Our patients are impacted both directly (COVID infection) and indirectly and as well as our staff. It provides educational material bi-weekly to vulnerable populations to improve the awareness and the knowledge about the impact and intersectionality of social determinants of health, and mental health. Improve the sense of community and, improve the knowledge of resources.

The Committee requested feedback on the anonymous support hotline from the patients where they can reply and let us know how well it is working. Dr. Omar Fattal, informed the committee, this feature can be added if that is requested.

A Board member ask for an update on the esketamine. We are doing esketamine screening of patients who present to us substance use disorder, overdose or impact. Fentanyl has become more prevalent on the street; we are utilizing it in our diagnoses on patients that come into the ED. Questions raised, is staff using esketamine as an intervention. Dr. Fattal informed the committee that a pilot is about to start at Kings County with the protocol that was approved by the P&T Committee to administer esketamine in a safe way. After Kings County, there is plans to make it available at other facilities. The board has requested some follow up in the future on use of esketamine in the field.

SIMULATION

The Maternal Mortality Simulation Reduction Program continues to grow markedly in the post pandemic period. Trainings were at their highest yet reaching 72 simulation and skill station educational sessions being held in June 2021. Materials included in the package on the Maternal Mortality

RESEARCH

Research brought in \$6M for FY2021. As of 8/30/2021- 920 active studies, 134 are COVID-specific, 18 are sponsored COVID drug trials. A Master Research Collaboration agreements executed with NYU and PAGNY (both took several years to negotiate).

NYS Healthcare Workers Vaccine Mandate

NYSDOH vaccination mandate effective 9/27/21. There are ongoing reviews of vaccination status for all staff. We are making arrangements to bring in temporary staff to backfill those providers and other staff who are non-compliant with the vaccination. We are educating our staff with townhalls and one on one visitation. We are educating them on the science, and preparing for various contingencies.

MU COVID-19 VARIANT UPDATE: The CDC thinks about the variant in 3 categories

The Variants of Interest: These have genetic markers that have been associated with higher risks of transmission, reinfection or severe illness, as well as reduced vaccine effectiveness.

Variants of Concern: There is evidence these are more likely to spread, cause reinfection or cause server illness, as well as reduce effectiveness.

Variants of High Consequence: There is clear evidence that existing prevention tactics, including vaccination, are less effective against these variants.

The majority of the variant that we encountered in NYC over the past month is the Delta Variant, it is a variant of concern, as opposed of the Mu variant, which is the variant of interest, which has not been identified in any of our cases. The Delta was first identified in Colombia in January, 2021. It is a variant of Interest. Mu (Mu: pronounced Mu'yoo) was designated by the World Health Organization (WHO) August 30, 2021. We are seeing Mu, not in any high numbers or high percentages, but we are detecting it in different places throughout the United States (all states but Nebraska). Mu variant accounts for only about **0.1% of** cases in the United States. Mu has mutations that are similar to Delta but it also has mutations from Alpha or B.1.1.7, which was also known to be highly transmissible. Mu has the E484K and the K417N mutations identified in the Beta variants. The Beta variant is currently more immune-resistant than the Delta variant. Delta is the most prevalent, alfa and beta are behind, just to show you how they line up in terms of prevalent and our experience.

COVID-19 Variants in HHS Region 2: This is information going back to June of 2021. The orange on the graft is the delta variant. Overtime it has increased in prevalence, it is currently about 90 percent of what we are seeing in region 2, which is New York, New Jersey, Puerto Rico and Virgin Island. Mu is 0.1 percent prevalent today in our experience.

MOSAIC PROGRAM

The MOSAIC Pathways Program [Medical Opportunities for Students and Aspiring Inclusive Clinicians at NYC Health + Hospitals], is a multi-tiered program aimed at increasing the diversity of our clinical staff.

In terms of partnership development, we are continuing discussions with NYU, Mt. Sinai, and Morehouse School of Medicine, and have identified a contact/begun outreach with University of Puerto Rico School of Medicine. We have 3 PAGNY sites that have volunteered to take a Morehouse medical student for a rotation. Jacobi has a burn unit plastic rotation, Harlem Hospital has a GI rotation, and North Central Bronx has an Internal Medicine rotation. These elective courses will range from 6 to 8 weeks and will serve 3rd and 4th year residents, as well as medical students.

SYSTEM CHIEF NURSE EXECUTIVE REPORT - Written Submission Only

METROPLUS HEALTH PLAN, INC.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan report on the following:

Membership

Membership has reached 624,843 members in July, 3,991 members over target. Year to date membership is up 5.9%, driven by growth in Medicaid and EP lines of business. In terms of market share, we increased our market share in Medicaid, HIV, and CHP. There is a slight decrease in HARP and in SHOP.

COVID-19 Vaccination Rates

The Plan has been working with the NYC Citywide Immunization Response (CIR) system to exchange member COVID-19 vaccination data. As of July 2021, total active members 12+ years of age that are fully or partially vaccinated is at 39.7%. Rates exchanged with the CIR have been trending behind MetroPlus claims COVID vaccination rates by about 5%. Combining claims and CIR data, MetroPlus' COVID vaccination rate goes up to 44.6%

Members receiving at least one dose. 58.4% of vaccinated members have received the Pfizer vaccine, 34.4% Moderna vaccine and 7.2% Janssen vaccine. Interventions to improve vaccination rates have included a COVID-19 text campaign launched on July 7 to the parents/guardians of members 12-18 years of age in English and Spanish about the importance of having their child vaccinated. Next Steps: Target messaging to our Spanish and Black/African American members using language that is linguistically targeted to these two groups and a campaign targeting pregnant women addressing vaccine hesitancy and the importance of vaccination for self and baby.

Behavioral Health Transition:

MetroPlus Underwent successful readiness review by NY State Department of Health, OMH and OASAS and has received an official approval to launch our Behavioral Health services as of October 1, 2021. At that, time services will transition from current vendor, Beacon Health Solutions to MetroPlus. Notices to members sent 30 days in advance of the transition. The Plan will guarantee that members will not experience any disruption to their services and their ongoing care. The transition aims at better integration between physical and behavioral health care, alignment with the provider network and appropriate continuum of services across all levels of severities and needs, as offered (among others) by H+H.

Gold

A new benefit providing reimbursement for a limited number of non-emergency transportation rides has been added. This benefit is an addition to our gym and weight management benefits. To align with the marketplace & provide lower cost alternatives, the Plan has developed a new pharmacy rider, which will be available to enrollees beginning August 1, 2021.

A board member raised a question regarding outreach for the provider and money allocated for them to talk to our patients that are being vaccinated, and how much time will they spend. Dr. Schwartz reply was: in order for them to be eligible for the additional reimbursement, they have to spend at least three minutes on the consultation.

Dr. Katz also commented on the intervention to improve vaccination. He stated, there is a strong group of people that do not want to get vaccinated, even with providing materials, counseling and incentives. This is the reason we have to require mandates. In the past, polio, small pox had mandates and people complied. Dr. Katz, commended Dr. Schwartz and her team for the effort on the Behavioral Health program. It is a difficult task.

ACTION ITEM 1

Machelle Allen, SVP/System Chief Medical officer, Medical and Professional Affairs and James Cassidy, Director of Fiscal Affairs, Finance presented the resolution to the committee:

Authorizing funding for New York City Health and Hospitals Corporation (the "System") to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. ("PAGNY") made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below:

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center with an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

We have been closing out prior years and are coming back to the table this month to tackle the next contract with the benefits of a new executive leadership now in place and renewed efforts on all sides. We are asking for funding authorization needed for six months to continue the existing contract. The negotiation will be in good faith for a multi-year renewal, regular communication will continue, and the resolution will be coming in the coming months. There has not been any impact on the provision of care or the PAGNY employees. The history was giving on the contract.

The Committee acknowledge the great work that Dr. Allen and Andy Cohen have done. A question was asked by a Committee member: Besides the COVID19 contingency, was there any new activity funded within this particular piece, and were there any new progress or any new operational or clinical initiatives? Nothing is new, we are looking across the system at clinical services planning, and it is not specific to PAGNY.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

ACTION ITEMS - 2 - 9

Machelle Allen, SVP/System Chief Medical officer, Medical and Professional Affairs and Sheldon Teperman, MD Chief of Trauma/ Service Line Lead Jacobi medical Center, presented the resolutions to the committee:

- 2. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a pediatric trauma center.**

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify

opportunities for improvement, and implement corrective actions;
and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

3. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions;
and

Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

4. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions;
and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

5. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify

opportunities for improvement, and implement corrective actions;
and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

6. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

7. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma

8. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

9. Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("Lincoln") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

Dr. Teperman presented to the committee, the history/background of the American College of Surgeons verified trauma centers. He gave us knowledge on the "Optimal Resources" book, which is a reference book that document the care of the injured patient; this is now codified by reference in New York State 408 health code regulations. This book is the regulatory book that tells us all of the widget and all of the personnel that is required in our trauma centers. The status of Health + Hospitals levels of the trauma centers was provided and what the levels mean, and what they are required to be able to produce in these trauma centers.

The Committee raised a question if the American College of Surgeons Trauma Center will serve as consultants. An example, in OB if there is a blood issue in obstetrics, could we use their internal expertise in the same institution? Dr. Teperman talk on how while Dr. Allen was the Chief of Obstetric at Jacobi, the first massive transfusion protocol in the state of New York was Jacobi. Because of this, our hemorrhaging obstetrical patients are well taken care of. Mr. Pagan commended Dr. Teperman on the work of the trauma Centers.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

There being no further business, the meeting was adjourned 9:57 AM.

<p>Equity, Diversity and Inclusion Committee Virtual Meeting - September 20, 2021 As Reported by: Feniosky Peña-Mora Committee Members Present: Feniosky Peña-Mora, José Pagán, Machelles Allen in a voting capacity for Mitchell Katz, Sally Hernandez-Piñero, and Shadi Chamany in a voting capacity for Dr. Dave Chokshi</p>
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CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:11 a.m.

DIVERSITY AND INCLUSION UPDATE

Matilde Roman, System's Chief Diversity and Inclusion Officer provided an update on current work and activities. Ms. Roman shared the action taken to prepare NYC Health + Hospitals for persons who arrive to New York City as a result of the Afghanistan crisis and come to our sites seeking care. Action items included gathering information about the federal government's response and its impact to both the City and the System. Coordinating with our language service providers to assess their current capabilities and action required to ensure language coverage and continuity of interpretation and translation services. The Office also met with the NYC Mayor's Office and NYC Office of Emergency Management to understand their preparedness readiness and response. There was also a check-in with local resettlement agencies to get a sense of the number of individuals they expect to receive for resettlement, and learned the numbers were small and those they were receiving were being resettled in Long Island. We also reached out to the Bellevue Survivors of Torture Program who is monitoring the situation and will share any new developments. Ms. Roman paused for questions or comments.

Feniosky Peña-Mora, Committee Chair and Board member asked whether there was a reason for settling individuals in Long Island. Ms. Roman replied that the information received from the Mayor's Office was that 14 individuals were resettled in Long Island, but did not have any information related to the reason behind that decision. Mr. Peña-Mora inquired about the language services available. Ms. Roman responded by stating that as part of preparing the System, the Office of Diversity and Inclusion reached out to our vendors to ensure adequate coverage of the two top languages for Afghan nationals, Dari and Pashto, and they are adequately prepared to provide language services.

Ms. Roman shared that over the past few months, she conducted site visits across the System to provide facility site leaders an update on the diversity and inclusion activities and get feedback to guide and inform the work moving forward. The key findings from these conversations was the need to align the current diversity and inclusion activities with the process to obtain Planetree Certification so as not to duplicate efforts. Facility leaders mentioned the need for more diversity and inclusion training, and support to expand language service capabilities to make it easier to access services. Leaders also requested additional support for diverse hiring and hiring for difficult to recruit positions, and more system-level professional development initiatives.

Ms. Roman provided training updates that included the release of the first system-level Diversity and Inclusion Training Request for Proposals to identify qualified vendors that can provide diversity and inclusion learning solutions, the launch of a voluntary interpreter skills development training for bilingual staff. This training is being currently offered in Spanish, and expect to expand language offerings in the future, and mentioned the collaboration with PAGNY to enroll providers in the LGBTQ Health Equity Certificate Program. Ms. Roman also shared that there are plans to enroll Mt. Sinai providers at Queens and Elmhurst

into the Certificate Program, and shared that in July and August 2021 over 6,800 employee completed trainings on various diversity and inclusion topics. Lastly, Ms. Roman shared that key essential documents were translated into the top 13 languages and are available in the Essential Documents Directory found on all desktop computers across the System, on the Diversity SharePoint site and in the Forms tab on the Health + Hospitals Insider page.

Sally Hernandez-Piñero, NYC Health + Hospitals' Board member inquired if the System currently had active vendors providing diversity and inclusion training. Ms. Roman replied that the Office of Diversity and Inclusion currently has contracts with multiple vendors. Ms. Roman added that the RFP is an opportunity to explore and expand learning solutions to meet the growing demand for education and training related to diversity and inclusion.

Ms. Hernandez-Piñero then asked whether the essential documents took into account reading level to ensure individuals with low-literacy also had access. Ms. Roman stated that the Office of Diversity and Inclusion has a system in place that allows all key documents undergoing updates to undergo a plain language and health literacy review, and whenever possible make documents easy-to-read. This happens prior to the translation process. Ms. Roman also added that the Office of Diversity and Inclusion is currently working to create large print, audio and Braille versions of key forms in some of the top languages to give access to individuals who are blind and low-vision.

Dr. Machelles Allen, System's Chief Medical Officer, directed a question to Dr. Nichola Davis, Chief of Population Health, inquiring if one of the outside training vendors currently being used was the Perception Institute. Nichola Davis replied that the Perception Institute was used in the past, but now that the Office of Diversity and Inclusion released the Request for Proposals, the Perception Institute will submit a proposal under this solicitation.

Mr. Peña-Mora asked whether MyChart was available in multiple languages. Ms. Roman replied that MyChart is currently available in Spanish and in a limited number of other languages. However, IT is working to expand languages, but did not know the timeline.

Dr. Shadi Chamany, NYC Department of Health and Mental Hygiene's (DOHMH) Director of Science inquired about the measure used to report out the frequency of use of MyChart considering that language can be an issue. Ms. Chamany's also asked for additional information about the types of forms available in multiple languages. Ms. Roman replied that she would share the Essential Documents Directory that contains that information. Kim Mendez, Chief Information Officer joined the meeting at 11:36 am related to the IT questions posed by Dr. Chamany, and Ms. Mendez replied that she would ask the IT team to get the information and report back findings.

Follow-up Items: IT provide information about the expansion of languages in MyChart with timeline, and share the reporting measure for usage in MyChart; Office of Diversity to share the Essential Documents Directory.

EQUITY AND ACCESS COUNCIL REPORT OUT

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") began the report out of the Council's activities within the four work groups - Workforce Diversity, Inclusion, Equity of Care, and Data and Monitoring. She mentioned that each work group is co-lead to allow leadership representation from central office and facilities across the System.

Dr. Davis shared that she serves as co-lead for the Workforce Diversity work group, along with Dr. Elizabeth Natal, who is the Associate Medical Director at Sydenham. Dr. Davis stated that the work group has 19 members that represent 7 facilities. Dr. Davis mentioned activities that include creating pathway programs for residents and medical students by developing elective programs at some facilities, and shared the conversations currently taking place with Morehouse School of Medicine and University of Puerto Rico School of Medicine to bring in more physicians from underrepresented groups. Dr. Davis also mentioned the survey being developed that will be disseminated to resident physicians to learn about what might encourage them to stay with NYC Health + Hospitals.

Mr. Peña-Mora requested more details about how the decision to partner with these particular medical institution came to be. Dr. Davis replied that the partnerships were made through internal connections. Mr. Peña-Mora stated he liked the idea and suggested to start this as a pilot and then explore expanding the program to different minority serving institutions and premier programs or medical schools. He also suggested engaging with foundations and private philanthropy that may be willing to support bringing doctors to underserved communities. Mr. Peña-Mora also expressed interest in getting more in-depth information about the work.

Follow-up Item: Deliver a formal presentation about the Workforce Diversity projects and action plan.

Natalia Cineas, Chief Nurse Executive and Co-Chair of the Equity and Access Council ("Council") shared that she serves as the lead for the Inclusion Workgroup and will be selecting a co-lead in the next few months. Currently there are 6 members and 4 facilities represented. After assessing the number of members, she recognized it was not enough so a survey was disseminated to engage with those who may be interested in joining the inclusion work group and received 200 responses from interested employees. Ms. Cineas described the different inclusion groups being considered, and once a decision is made will work to create the charters and objectives for each inclusion group. Ms. Cineas also shared that a vendor will be used with expertise in establishing affinity groups. She mentioned that Dr. Davis has already formed the African American Female Physicians Group, and that there are a myriad of CEOs and frontline staff interested in driving the work.

Ms. Hernandez-Piñero inquired whether there would be funding for each of the groups to conduct certain activities. Ms. Cineas replied that once the groups are formed and there is alignment on the objectives of the group and the work for the system, we can identify the feasibility of funding activities identified. Ms. Cineas mentioned that she will work with Yvette Villanueva, Senior Vice President of Human Resources with regard to funding needs.

Dr. Davis reported out on the Equity of Care Workgroup, and shared that the co-leads were Rebecca Lynn Walton, Senior Assistant Vice President for Behavioral Health and Shewon Erie, Associate Executive Director Home Health. Dr. Davis shared that the group has 14 members, representing 9 facilities, and the three areas of focus being considered are on sickle cell, health and IT literacy, and behavioral health. Dr. Davis then shared that the Monitoring and Evaluation workgroup is co-led by Dr. Komal Bajaj, Chief Quality Officer at Jacobi and Stephanie Majak, Director of Tech Education Programs in the data analytics team at central office. The workgroup has commenced with 8 members representing 6 facilities. The group is currently working to make the data fields more accessible for use and build training on data collection.

Mr. Peña-Mora mentioned the need to establish work plans and goals for each of the sub-groups. Dr. Davis replied that the monitoring and evaluation workgroup is charged with helping the other 3 workgroups monitor and evaluate the work they are doing, and will begin presenting that information. Dr. Davis emphasized that the goal was to establish the work groups and get the members, but they are not there yet with respect to the work plans and goals.

Mr. Peña-Mora recognized that there was insufficient time to have a report out from the Office of Quality and Safety, and asked Hillary Jalon, the Deputy Chief Quality Officer, if she would like to postpone her presentation until the next meeting to ensure she was given adequate time given the importance of the information. Ms. Jalon agreed.

Follow up items: The Office of Quality and Safety report out will be the first agenda item at the next EDI meeting, where they will provide information related to the process for handling patient discrimination and sexual harassment complaints and any available data.

Mr. Peña-Mora asked if there was old business or new business, and heard none. Mr. Peña-Mora then moved for a motion to adopt the minutes of the June 7, 2021 meeting. Upon motion made and duly second the minutes of the June 7, 2021 meeting was unanimously approved.

The meeting concluded and was adjourned at 12:05p.m.

INFORMATION TECHNOLOGY COMMITTEE - September 20, 2021 - VIRTUAL MEETING
AS REPORTED BY: Feniosky Peña-Mora
COMMITTEE MEMBERS PRESENT: Feniosky Peña-Mora, José A. Pagán, Barbara Lowe, Dr. Mitchell Katz, Scott French in a voting capacity for Steven Banks

Mr. Feniosky Peña-Mora, Chair of the Committee, called the September 20th meeting of the Information Technology (IT) to order at 11:00 A.M.

Mr. Feniosky-Peña-Mora proposed a motion to adopt the minutes of the Information Technology Committee meeting held on April 12th.

Upon motion made and duly seconded the minutes of the April 12, 2021 Joint Medical & Professional Affairs / Information Technology Committee meeting was unanimously approved.

Mr. Feniosky Peña-Mora turned the meeting over to Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Office to carry on agenda, she was joined by Soma Bhaduri, Chief Information Security Officer, Mr. Sean Koenig, Chief Applications Officer, Mr. Jeff Lutz, Chief Technology Officer, Apoorva Karia, Corporate Sr. Director EITS Fiscal Affairs and Dr. Michael Bouton, Chief Medical Information Officer.

Dr. Mendez presented high level targeted updates. One of the updates was to an overview of the alignment of EITS goals with system strategic pillars. She noted that goals with asterisks are also on the Board of Directors strategic dashboard. Mr. Feniosky Peña-Mora asked and suggested that the culture of safety pillar could also be aligned with EITS' continuous quality improvement and H2O Effective Use goals. These updates will be added and presented at the next EITS BOD meeting.

Dr. Mendez presented a summary of the Health Information Technology (HIT) prioritized projects highlighting the current status of the projects. Dr. Mendez provided an overview of EITS' ongoing COVID-19 support inclusive of surge space, rapid onboarding and Epic training as needed, ongoing support of Test and Trace program as well as the H + H vaccination program.

Dr. Bouton shared the MyChart patient activation is 71 percent, which is top 10 percent nationally. This works well due to the partnership with IT, clinical staff, and registration staff. Dr. Bouton showed Biomed device integration 2021 tracking, highlighting how this initiative saves time for the nursing staff and provides physician most up to date information. Dr. Bouton provided an update and pivot of devices to be integrated related to clinical demand, as well as the ordering of more ventilators. Dr. Bouton explained that the overall goal is to get more timely information into the system and have less manual effort, for accuracy and efficiency.

Dr. Bouton went on to present the H2O Effective Use (Quality & Outcomes) update. He focused on the Epic (vendor) Honor Roll and Gold Star recognition program. These programs provide a glidepath to follow to adopt features in Epic that other healthcare systems have found effective. These programs are national standardized (dynamic) benchmarks that we can compare ourselves to.

Mr. José Pagán stated he was very impressed with the work especially on MyChart. Mr. Pagán asked if IT was thinking of assessing the racial data. Dr. Bouton provided a response on the possible next steps. Mr. Feniosky Peña-Mora asked if it would be of value to add how it is performing against goal in terms of percentage. Dr. Mendez and EITS team will include additional information in the next EITS BOD presentation.

Mr. Pagan asked to be more specific to get a percentage for effective use of EPIC EHR. Dr. Bouton will expand on the Epic Honor Roll and Gold Star data elements in the future.

Mr. Peña-Mora asked about the lower than 60 percent MyChart activation rates in a couple of our facilities and what can be done to achieve higher rates. Dr. Bouton spoke about the MyChart governance group for each specific site and elaborated on options to have more targeted work. Dr. Mendez also responded

saying the next IT Board of Directors Committee meeting there will be a deep dive of the numbers. Mr. Jose Pagan asked for a discussion on what My Chart features we have not we looked at, to get a sense of what are the variants to getting there.

Mr. Peña-Mora asked if the Epic gold stars were related to benchmarking such as we use for MyChart. Dr. Bouton responded how it is similar. Dr. Mendez responded on how the gold star is dynamic and how it is continually being updated by Epic (the vendor). Mr. Feniosky Peña-Mora is there a way to know the average for other systems for comparison. Dr. Bouton provided a comparative summary.

Ms. Lowe ask if the data was useful for managing the workforce specifically for the nurses and doctors. If the person in the division will have an idea on what is happening shift to shift and getting the right people in there.

Dr. Mendez provided an overview of the Clarivia scheduling application being used for nursing staffing across the enterprise. There was also a discussion on how PeopleSoft ELM is leveraged and that nurse training has new modules in such areas as trauma and stroke that support the credentialing of the Stroke and Trauma Centers.

Mr. Pagán added thoughts on aligning quality and staffing data.

Mr. Koenig responded that we have the ability, it just has to be prioritized on the project list to send acuity data and census data to the scheduling system. EITS is awaiting the finalization of the long-term enterprise nurse scheduling system by the Office of Patient Centered Care to begin next steps.

Mr. Lutz presented an update on the data center migration initiative. He highlighted the current preparation phases for data migration. Jeff explained there will be about 22 move waves starting February 2022 and that we are still in the early phases of build out. He discussed we are receiving our maps where equipment will be housed inclusive of the caging as well as putting the power into plat.

Mr. Peña-Mora asked if the percentage of overall completion can be added next time. Mr. Lutz assured that can added. Mr. Peña-Mora asked for a better representation for quarter 3 for future looking.

Ms. Soma Bhaduri then presented on cyber security best practices. She focused on the reduction of compromising emails through phishing attempts. Soma also discussed that multifactor authenticate (MFA) has been issued to all of our sites, all personal email sites have been restricted from being accessed in the Health and Hospitals network, we are currently in the dynamic password implementation phase to reduce compromise by potential hackers. Soma also described how we are improving our security posture by checking appropriate role-based access by the workforce to conduct day to day responsibilities. SailPoint Identity IQ is being prioritized and rolled out with a planned completion date by end of 2021. Ms. Bhaduri shared the four phases to completion.

Mr. Peña-Mora asked if there is education in terms of individuals can try to gather information on employees to harm the system. Ms. Bhaduri said we have quarterly phishing exercising; our number have improved greatly from the past.

Follow Up:Mr. Peña-Mora would like to have additional security education.

Mr. Koenig presented a targeted update on clinical applications that the system is moving forward with. He highlighted Omni Cell and our partnership with supply chain and pharmacy. The Omni Cell Project is replacing out of date PXYUS system with omni cell devices and deploying in a phased approach to all sites. Sean also highlighted that we are up to date with Epic and Cerner upgrades and quarterly patches. Our next upgrade will be in November 2021. Another project being worked on is Willow Ambulatory Pharmacy, this will enhance quality, which integrates the prescribing experience with the dispensing experience. Patients will be able to check in MyChart to see if their prescription is ready. Providers will also know if their patients are picking up their prescriptions. We will be able to send out claims and bring in revenue and not just offer it to fee scale patients. In closing Mr. Koenig summarized the new HCLL blood bank project and stated HCLL blood bank is 80 percent complete and should be completed by early 2022.

SUBSIDIARY REPORTS

Semi-Annual meeting of the HHC Capital Corporation - July 29, 2021

As reported by: Freda Wang

Member Present: José A. Pagán (attended meeting virtually in a view capacity only), Matt Siegler represented Mitchell Katz in a voting capacity, Feniosky Peña-Mora, Robert F. Nolan, and Sally Hernandez-Piñero

The Semi-Annual meeting of the HHC Capital Corporation held on July 29, 2021 was called to order at 1:06 p.m. Ms. Wang chaired the meeting and Andrea Cohen - Secretary of the HHC Capital Corporation kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Semi-annual HHC Capital Corporation held on January 28, 2021 were presented the Committee. Then on motion made and duly seconded, the Committee adopted the minutes

HHC Outstanding Bond Portfolio (page 1):

Page 1 of the presentation provides a snapshot of H+H's current outstanding bonds portfolio. We currently have \$513.5 million of tax-exempt bonds outstanding, about 25% or \$129 million are variable rate bonds, and the balance are fixed rate bonds. About 75% of the variable rate bonds (Series B and C) with 2031 maturity are supported by two letters of credit from TD Bank. The TD Bank letters of credit will expire in 2023, accordingly we will be reaching out to TD Bank next year for an extension. The remaining variable rate bonds (Series D and E) will mature in 2026, and are supported by a JPMorgan Chase Bank letter of credit, which was recently extended to match the bonds' maturity in 2026 with very good terms, particularly considering the longer length of the agreement.

Ms. DeHart also pointed out that, as of 7/7/21 the variable rate bonds interest rate was reset at 0.02%, and these variable rate bonds were estimated to have generated approximately \$67.7 million of savings over the life of the bonds compared to what the cost would have been if these bonds had been issued as fixed rate.

HHC 2008 Series B-E Bonds Historical Interest Rates (page 2):

The graph on Page 2 provides some more details on the variable rate debt. The top line represents the interest rate spread against the Securities Industry and Financial Markets Association (SIFMA) Municipal Swap index, which is an index used in setting tax-exempt variable rate bonds' interest rate. The spread is a measure of the competitiveness of the interest rates H+H received on its variable rate bonds.

The bottom line on the graph is the actual interest rates of the variable rate bonds since inception. There were two interest rate spikes in its history. The first interest rate spike occurred in 2008, reflecting the auction rate bond crisis at the time, and the second interest rate spike occurred in March 2020, related to COVID-19. Recent rates were extremely low, resetting at 0.02% in July 2021.

HHC Bonds - Issuance History (page 3):

Page 3 of the presentation provides a history of bond issuances by the System, starting in 1993 to the most recent issuance of 2020 Series A bonds. Ms. DeHart pointed out that there are three bond series still outstanding: they are the \$129 million 2008 Series B-E variable rate bonds, the \$74 million 2013 Series A bonds, and the recently issued \$310 million 2020 Series A bonds, which was a combination of refunding bonds and \$100 million new money bonds. Over the life of our bond program, refunding was estimated to have saved just under \$145 million dollars for the System.

HHC 2020 Series A Bonds, New Money Planned Uses (page 4):

Page 4 of the presentation shows the planned uses of the 2020 A bonds new money across multiple facilities, which represents about 25% for a variety of equipment and 75% for a variety of infrastructure projects. Currently, there is some ongoing review of this project list with Office of Development (OFD) and Supply Chain, which may possibly shift some projects among various funding sources requiring minor adjustments to the project list.

Construction Fund Balance on the 2020 Bonds (page 5):

Ms. DeHart described page 5, which shows the status of the H+H Series 2020 construction fund. Ms. DeHart reported that the 2020 bonds issuance is still very new; with a small withdrawal of \$2.4 million, the construction fund still has a balance of \$97.57 million. Projects are expected to ramp up shortly, and as they progress, the construction fund drawdowns will accelerate over time.

Final Arbitrage Rebate Report for Refunded Bonds (page 6):

Referring to page 6 Ms. DeHart explained that the IRS requires tax-exempt bond issuers to do arbitrage rebate analysis to determine whether interest earnings on bond proceeds exceeded the tax-exempt bond yield and were required to be rebated to the IRS. The analysis is conducted on every 5th year of a bond or at its final maturity.

Since the 2008 Series A and 2010 Series A bonds were fully refunded by the issuance of 2020 Series A bonds in January 2021, an arbitrage rebate analysis was performed for both bond series, which determined that no arbitrage rebate liability was incurred on either bond series on its final maturity.

Short Term Financing Program (pages 7-8):

Ms. DeHart explained that in addition to the bond program, H+H also has two short-term bank loans that provided funding for short-term projects, on an as needed basis to finance short-lived projects. These loans have a secondary lien on the lockbox that will only trigger in the event of a default.

Health + Hospitals currently has two loans under this program. First loan is with JPMorgan Chase Bank for \$60 million, of which the proceeds were fully expended. This loan was converted to a fixed rate at 2.088% and has a final maturity of July 2022. The second loan is with Citibank and has two components, a \$30 million fixed rate loan at 2.17% that matures in November 2022 and another \$30 million variable rate loan that matures in October 2023. To date, approximately \$45 million these loans have been expended. We are working with Supply Chain and OFD to ensure spending the remaining balance in a timely manner.

Discussion:

A question was asked if it is possible to fix out H+H's variable rate bonds in today's low interest rate environment? Ms. DeHart explained that there are some benefits in having a portion of the debt portfolio in variable rate, as variable rate tends to be lower than fixed rate, even though there is always an interest rate risk. The advice H+H typically gotten is to keep a portion of variable rate debt to take advantage of the low interest rate to lower total interest expense. There was a brief discussion on H+H project selection process for the 2020 bonds.

The selection was primarily based on certain parameters such as the priority of the projects, the useful life of the projects, projects that can be completed within 18 months, etc. and these projects were identified by OFD and Supply Chain working with all the facilities. A question was asked about the investment rate of return on the new money borrowed versus the interest incurred on the bonds during the construction/spend down period. It was confirmed that H+H is required to invest money in very safe U.S. government securities, which tends to yield very low rates; as such, interest earnings tends not to be able to offset interest expense; hence one of the parameters is to finance priority projects that can be spent/completed within a very short period of time. There was a question about H+H's bank loans, Ms. DeHart confirmed that the JP Morgan bank loan was secured by the equipment/asset the loan financed as well as the secondary lien on the lockbox. Another question was asked, and confirmed by Ms. DeHart, that the bank loans are tax-exempt loans and that they did not incur any arbitrage rebate liability.

Adjournment:

There being no further business before the Board, Ms. Wang adjourned the meeting at 1:31 p.m.

MetroPlus Health Plan, Inc.

Board of Directors Meeting - Tuesday, August 3rd, 2021

As Reported By: Ms. Sally Hernandez-Piñero

Draft minutes subject to adoption at the next MetroPlus Board of Directors meeting on Tuesday, October 5th, 2021.

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 2:04 P.M.

CHIEF EXECUTIVE OFFICER'S REPORT

Due to quorum not being realized the agenda was rearranged, Ms. Sally Hernandez-Piñero asked Dr. Talya Schwartz, President & Chief Executive Office of MetroPlus, to start with the Chief Executive Office report.

Dr. Schwartz explained the new format that will be used for presenting materials to the Board of Directors.

Dr. Schwartz reported to the Board that the NY State Executive Order expired on June 24th, 2021, but there are a few extensions that remain in place. Including Medicaid coverage eligibility, telehealth coverage, and no cost-sharing for COVID-19 related services.

Dr. Schwartz reported that the Plan's revenue remains on target with the forecast. There is an increase in utilization with Medicare and Qualified Health Plan (QHP), that surpasses pre-COVID-19 levels. Medicaid utilization continues to trend lower than pre-COVID-19 levels.

Dr. Schwartz reported on an increase in the Plan's membership. Adding that the moratorium is a contributing factor. There is an increase in the market share for Medicaid, Partnership In Care (PIC) and Child Health Plus (CHP) lines of business (LOB).

Board Members asked questions about the moratorium.

Dr. Schwartz and Ms. Raven Ryan-Solon, Chief Compliance & Regulatory Officer, addressed the questions.

Dr. Schwartz reported on updates related the risk pool as it applies to the QHP LOB.

Dr. Schwartz reported on the COVID-19 vaccination rates for ages 16+. Noting that the actual rates are higher due to underreporting.

Board Members asked if NY State is requiring any outreach efforts to increase COVID-19 vaccination rates.

Dr. Schwartz responded that NY State is not requiring any outreach efforts. However, the Plan is engaged in multiple modes of outreach.

With the meeting now having quorum, Ms. Hernandez-Piñero requested to present the resolutions and finish the Chief Executive Office report afterwards.

ACTION ITEMS

The **first** resolution was introduced by Mr. Christopher Roker, Chair of the Finance Committee.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to negotiate and execute a contract with Public Consulting Group LLC ("PCG") to provide Medicaid Correct Enrollment services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$7,315,000 for the total 5-year term.

Ms. Lauren Leverich-Castaldo, Chief Financial Officer, spoke to the presentation of the slides.

Dr. Schwartz added that other Plans engage in this service, and this is an opportunity for the Plan to offer additional services and support for this population.

Board Members asked questions about the vendor's process.

Dr. Schwartz addressed the questions.

There being no further questions or comments, on motion by the Chairman of the Board and duly seconded, the Board unanimously approved the resolution.

The **second** resolution was introduced by Ms. Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute contracts with three (3) Medicare broker agencies to market and enroll beneficiaries on an as-needed basis for MetroPlus. The agencies are Ritter Insurance Marketing, Benefits Concierge Consulting Group, and Trusted American Insurance Agency. The contract shall be for a term of 3 years with two options to renew for a 1-year term each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$7,600,000 for the total 5-year term.

Board Members noted that many Plans use Broker services for Medicare and that engagement with these Brokers is an opportunity to increase membership in the Medicare LOB.

Mr. Roger Milliner, Chief Growth Officer, spoke to the presentation of the slide.

Board Members asked questions about the Medicare population, the benefits that MetroPlus provides the Medicare membership, and the Broker process.

Mr. Milliner addressed the questions.

Board Members asked questions about the request for proposal scoring weight of the Minority & Women-Owned Business Enterprise (MWBE) measure and the status of the three selected Broker vendors.

Mr. Milliner and Mr. Paul Angeli, Senior Director of Procurement & Vendor Management, addressed the questions.

Mr. Milliner described the additional hiring needed to manage the Broker vendors.

There being no further questions or comments, on motion by the Chairman of the Board and duly seconded, the Board unanimously approved the resolution.

Ms. Hernandez-Piñero took a moment to introduce the new Board Member, Mr. Mark Power.

Ms. Hernandez-Piñero turned the meeting over to Dr. Schwartz to continue the Chief Executive Office report.

CHIEF EXECUTIVE OFFICER'S REPORT (continued)

Dr. Sanjiv Shah, Chief Medical Officer, presented the Behavioral Health Transition Update.

Dr. Shah reported on the State review and response to the Plan's submission, and the official scheduling of the State Readiness Review.

Dr. Shah reported on the progress made with development of the network for behavioral health (BH) service providers, claims system configuration, claims testing, and hiring of BH staff.

Dr. Shah introduced the new Head of Behavioral Health, Ms. Colleen Chesney, and provided a briefing description of her behavioral health background.

Board Members asked about the current BH service utilization of the Plan's membership across all LOBs.

Dr. Shah addressed the questions.

Dr. Schwartz prefaced the next presentation by mentioning that the Plan is interested in feedback from the Board on member retention.

Ms. Brindha Sridhar, Senior Director of Customer Experience Operations, presented the Customer Experience & Retention Report.

Ms. Sridhar described the strategic retention approach, member strategy roadmap, planning for the moratorium expiration, future member experience expansion, and provider strategy roadmap.

Ms. Sridhar asked the Board Members for feedback on key areas of the strategy that was outlined, that may be used to assist the Plan's efforts with member retention.

Board Members asked questions about Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey results, how it relates to timely access for members, scheduling new member primary care physician appointment within 2 weeks.

Ms. Sridhar and Dr. Schwartz addressed the questions and engaged with the Board Members on how MetroPlus and H+H can be stronger partners in this effort.

ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held **June 1st, 2021** were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board unanimously adopted the minutes.

The minutes of the meeting of the Executive Committee held **July 8th, 2021** were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board unanimously adopted the minutes.

COMMITTEE APPOINTMENT

Ms. Sally Hernandez-Piñero proposed a motion to appoint Mr. Mark Power to the Customer Experience & Marketing Committee, and duly seconded, the Board unanimously approved the appointment.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 3:44 PM.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
September 30, 2021

CORONAVIRUS UPDATE

COVID Cases - Positive COVID-19 cases, hospitalizations and deaths have been on a general decline across the City. At NYC Health + Hospitals, our COVID-19 hospitalizations and ICU admissions during this third wave have also begun to decline. The hospitalizations we are seeing continue to be overwhelmingly among the unvaccinated. We continue to promote vaccinations and testing as our best tools to fight the epidemic. And all our health care facilities continue to require face masks for all staff, patients and visitors.

COVID-19 Vaccination - As of September 26th, we have administered more than 1.2 million total doses across 21 NYC Health + Hospitals vaccine hubs. We are now offering the 3rd dose of the mRNA vaccine to eligible immunocompromised individuals and this week also started offering the Pfizer booster for eligible individuals who have received the second Pfizer dose at least six months ago. Our vaccination hubs are also participating in the City's incentive program that offers New Yorkers \$100 when they get their first dose with us.

Vaccine Mandate for Health Care Workers - The State mandate requiring all health care workers to have at least one COVID-19 vaccine dose went into effect this week. We had an overwhelming response and achieved more than 92% staff vaccination rates. We had contingency plans in place to fill any expected staff gaps and many of those strategies were not necessary, as so many members of our workforce came forward to take this important step to keep our patients and each other safe. Our hospitals and health centers were open for care without interruption.

NYC Test & Trace Corps - Our NYC Test & Trace Corps team has continued to provide vital services to protect all New Yorkers. We are currently reaching more than 90% of all new cases, have identified more than one million close contacts, and have engaged 72% of them. We have succeeded because of the incredible work and sacrifice of our teams on the ground who have directed so many New Yorkers to critical help and lifesaving treatments ranging from our free hotels program, direct cash assistance, monoclonal antibodies, at home testing, and at home vaccinations. Our Test & Trace team is also helping NYC public schools, leading the Situation Room with DOE and DOHMH to keep our students and teachers safe, and giving our students the most important thing - an in-person education.

Public Health Corps - NYC Health + Hospitals is playing a lead role in launching the NYC Public Health Corps, a signature program announced by the Mayor earlier this year that will be a transition for many NYC Test & Trace Corps staff. This program will allow us to build a sizeable workforce of over 200 Community Health Workers (CHWs) who will focus on assisting patients meet their health goals and can be activated in future public health emergencies. CHWs will initially be recruited from the existing teams of contact tracers who already have deep experience engaging with patients in very challenging circumstances. CHWs are trained public health workers who have a close understanding of the communities they serve. This enables CHWs to serve as a liaison between health and social

services, bridge cultural and linguistic barriers, address barriers to health and well-being, improve primary care engagement, and reduce avoidable hospitalizations.

Most of the Public Health Corps workers will be based in NYC Health + Hospitals outpatient clinical sites, and some will work in the community doing home visits. This program will serve different segments of NYC's population, including children and families, adults, New Yorkers experiencing homelessness and those involved in the criminal-legal system. Building a strong, well-trained workforce of CHWs is key to investing in the health and well-being of New Yorkers, particularly in low-income neighborhoods and communities of color that were disproportionately affected by the COVID-19 pandemic. This large new workforce reflects our commitment to providing quality health care for our patients - care that is not limited to the walls of our doctors' offices, but extend into NYC communities to address patients' social needs, like food, income, housing, that are so essential to achieving health and well-being.

EXTERNAL AFFAIRS

Federal - Last week, FEMA notified NYC Health + Hospitals that they are planning to provide reimbursement for the full amount of temporary staffing costs from March-August 2020 that had been pending with them since fall 2020. This would increase the FEMA reimbursement amount awarded thus far to over \$600 million. The timeline for full payment has yet to be determined, but with strong support from Senator Schumer and Representative Torres, we are confident that we will not face substantial delays. We are extremely grateful to our leaders for their relentless support of our needs and our mission.

NYC Health + Hospitals recently submitted three sets of comments to federal regulatory agencies and Congress:

Physician Fee Schedule comments: Our feedback concerned maintaining telehealth flexibilities that have assisted NYC Health + Hospital during the COVID Public Health Emergency and can be of use going forward, and strategies to advance health equity.

Outpatient Prospective Payment System comments: Our feedback concerned maintaining all regulatory flexibilities that have assisted our health system during the COVID Public Health Emergency and can be of use going forward, and strategies to advance health equity.

Social Determinants of Health comments to the Congressional Social Determinants of Health Caucus, regarding funding and programmatic strategies that could be implemented at the Federal level to make an impact in this subject area.

State - On August 24, Kathy Hochul was sworn in as the 57th Governor finish former Governor Andrew Cuomo's term following his resignation. The Governor is in the process of establishing her own cabinet, some staff announcements have been made and more changes could be expected as the Governor set a 45-day evaluation period of current staff and Commissioners. Governor Hochul has appointed former State Senator Brian Benjamin as the new Lieutenant Governor. Lieutenant Governor Benjamin represented 3 Health + Hospitals facilities in his State Senate district

(Harlem Hospital, Carter, and Sydenham). He has been a steadfast supporter of our system, and we are thrilled to have him move into a State leadership role. There will be a special election in November to replace him in the State Senate. In addition, there will be a special election for Assembly District 86 as the former Assembly member stepped down. Gotham Health's COVID Center of Excellence in Tremont is in his district.

City - The City Council is moving through its fall calendar, holding 3 relevant hearings in the month of September.

September 17 - Coordinating City Agencies to Address Serious Mental Illness, Committee: Mental Health, Disabilities and Addiction. NYC Health + Hospitals participated in Q&A only - Dr. Barron and Rebecca Linn-Walton. Susan Herman led testimony from CH.

September 24 - NYC Interns and Residents' Wellness and Health, Committee: Hospitals. NYC Health + Hospitals provided testimony by Dr. Donnie Bell with Q&A with Dr. Omar Fattal and Jeremy Segall.

September 30 - Mandated COVID-19 Vaccinations and Testing for All Municipal Workers, Committee: Joint Health Committee and Hospitals Committee. NYC Health + Hospitals will be participating in this hearing for Q&A only.

Community - The NYC Health + Hospitals Council of CABS conducted the first meeting of its 2021-2022 cycle on Tuesday, September 14. We are delighted to have new leadership at the Council of CABS. Warren Berke from Kings County Hospital is serving as Chair, building on the work of his predecessor, Dr. Anthony D. Andrews, Jr. of Queens. We look forward to working with Mr. Berke and the rest of our CAB leadership.

FINANCE UPDATE

NYC Health + Hospitals had an FY-21 closing cash balance of \$737M (33 days cash-on-hand). This is right in line with the system's target from the Executive 2022 Financial Plan. The health system had a net budget variance of -\$10.9M, through May FY-21. The variance excludes T2 revenue and includes about \$630M in COVID costs that we have not received federal relief for yet. Our direct Patient Care Receipts came in \$459M higher than YTD May FY-20 continuing the pace of positive performance that we experienced during FY-20, where direct patient care revenue came in \$500M over the prior year. Our patient care volume is returning to pre-COVID-19 levels in Q3 of FY-21, but is still below Q3 FY-20. Revenue base is strong and resilient primarily driven by Medicare rate increases and the stability of VBP/sub-cap contracts.

FEMA Reimbursement - Following up on the meetings with Senator Schumer and Congressman Torres, FEMA has re-engaged with NYC Health +Hospitals/OMB and appears committed to resolving our outstanding COVID-19 claim issues as soon as possible.

DSH Glitch- NYC Health + Hospitals has received the Federal fiscal year 2020 payment and expects to receive the 2021 payment balance, securing over \$800 million, that would have otherwise been lost if Congress did not act.

Temp Staffing - We have hired sufficient temporary staff to cover those employees who have thus far opted not to be vaccinated. NYC Health + Hospitals will also be

implementing an enhanced overtime program for RNs in an effort to reduce expensive contract nurses.

CORRECTIONAL HEALTH SERVICES UPDATE

NYC Health + Hospitals is very proud of all the Correctional Health Services (CHS) professionals who provide health care to persons detained in the City's jail system. Our services include medical, nursing, and mental health care; substance use treatment; social work; dental and vision care; and discharge planning and reentry support. The care CHS provides meets or exceeds national standards for quality and state-of-the-art interventions that help keep our patients healthy, including the first and largest jail methadone program; our cutting-edge mental health therapeutic PACE units; and the only jail-based geriatric program in the country.

Due to the courageous efforts of our Correctional Health Services staff, the jails on Rikers Island and in the borough facilities did not experience catastrophic COVID-19 outcomes last year and our staff were able to consistently keep the overall prevalence of COVID-19 below the community average after the initial wave until late summer 2021.

Unfortunately, our ability to provide the best health care on Rikers has been compromised by the lack of sufficient number of correctional officers to enable our staff to deliver all the health care that patients need in a safe environment. The Mayor has instituted a multi-pronged plan that has already improved conditions. The biggest changes have been to move the intake area to a much larger space that allows better patient flow and sufficient physical distancing to decrease transmission of COVID-19; increase in the number of officers in key positions including in the clinical areas so that it is safe for providing care; increased cleaning of the facilities to ensure a more sanitary environment; decrease of the number of persons in custody through transfers to the other jurisdictions and safe releases; and extensive efforts to bring more correction officers back to work.

We believe that the standard of medical care should be the same whether you are in the community or in a jail, and CHS continues to deliver to this standard.

TROPICAL STORM IDA

This past month, the remnants of tropical storm Ida inundated a number of NYC Health + Hospitals facilities, which were impacted by such a high volume of intense rainfall overnight, which backed up the City's and our local storm water systems. Elmhurst, Lincoln, Harlem, Woodhull and Jacobi hospitals were some of our most heavily impacted sites, although all sites required additional cleaning and at times pumping of minor water damage. NYC Health + Hospitals facilities staff worked through the night and vendors were deployed to address flooded elevator pits and some damaged elevator equipment due to the flooding. Clinical operations were able to continue with minimal impact.

The Governor yesterday announced that Dr. Mary Bassett has been appointed Commissioner of the New York State Department of Health. With more than 30 years of experience devoted to promoting health equity and social justice, Dr. Bassett's career has spanned academia, government, and not-for-profit work. Many

of us in this room have had the pleasure of working closely with Dr. Bassett in her former role as NYC's Health Commissioner and as member of the NYC Health + Hospitals Board of Directors. She has been a strong supporter of our health system since the beginning of her career when she did her residency at NYC Health + Hospitals/Harlem and we look forward to working with Dr. Bassett in her new role.

STAFF NEWS

**Christine Flaherty Honored
by the National Association of Minority Contractors**

NYC Health + Hospitals Senior Vice President of Facilities Management Christine Flaherty will be honored by the National Association of Minority Contractors (NAMC) and the NAMC New York Tri-State Chapter as a **Silent Hero** for outstanding work during the COVID-19 recovery process in New York. As you know, Christine and her team have been instrumental in supporting all our space and infrastructure needs through this pandemic, including our ability to expand ICU beds during the surge. NAMC, the oldest minority construction trade association in the United States, has been a major voice for minority-, women-, and veteran-owned construction contractor small businesses. They will present this well-deserved award next month at their annual gala.

**Cristina Contreras honored by Dominican President Abinader
as Distinguished Dominican Abroad**

Congratulations to NYC Health + Hospitals/Metropolitan CEO Cristina Contreras on being honored as one of the Distinguished Dominicans Abroad by the President of the Dominican Republic Luis Abinader. Cristina was recognized for her great contributions to the Dominican community and her professional achievements, including her many years of service and leadership roles at NYC Health + Hospitals. The award was presented at a special ceremony hosted by the Dominican Republic's Ministry of Foreign Relations through the Instituto de Dominicanos y Dominicanas en el Exterior (Institute of Dominicans Abroad) and Cristina was joined by US Congressman Adriano Espaillat, members of the Dominican government, and other community leaders.

**Dr. Natalia Cineas to be Inducted as a Fellow of the
American Academy of Nursing**

NYC Health + Hospitals Chief Nurse Executive Natalia Cineas, DNP, RN, NEA-BC has been selected to be a Fellow of the American Academy of Nursing. Induction into the Academy is a significant milestone in a nurse leader's career in which their accomplishments are honored by their colleagues within and outside the profession. Fellows are selected based on their contributions and impact to advance the public's health. Natalia is one of 225 individuals selected to be inducted into the 2021 Class of Fellows. Congratulations to Natalia, "Dr. Cineas has led our system's nurses through challenging times during her tenure, but with steadfastness she led her workforce through those moments triumphally.

**Dr. Eric Wei Appointed Interim CEO to Lead
NYC Health + Hospitals/Harlem**

Earlier this month we announced the appointment of Eric Wei, MD, MBA as interim CEO of NYC Health + Hospitals/Harlem. Eric will temporarily replace outgoing CEO Eboné Carrington while we conduct a national search to fill the executive position for the hospital permanently. We are fortunate to have Eric take on this additional responsibility. Not only has he worked shifts in every Emergency Department across our system, including at Harlem Hospital, he most recently served as interim CEO of NYC Health + Hospitals/Elmhurst. His clinical expertise and extensive knowledge of our operations have ensured a seamless transition.

[Dr. Harry Cho Named as Modern Healthcare's 2021 Top 25 Innovators](#)

NYC Health + Hospitals Chief Value Officer Hyung (Harry) Cho, MD, FACP, SFHM, has been named to Modern Healthcare's Top 25 Innovators list for 2021. This year's Top 25 Innovators championed solutions to reshape the industry in big and small ways, pushing boundaries to help solve healthcare's greatest challenges. Harry was recognized for his innovation and leadership in a number of value and safety initiatives at NYC Health + Hospitals, including preventing unnecessary testing and treatment that leads to patient harm. Such programs have helped secure over \$11 million per year in estimated cost savings and improving safety for patients. Harry is our inaugural Chief Value Officer and has been an incredible asset to our health system.

HEALTH SYSTEM NEWS

[Mayor de Blasio Launches the NYC Public Health Corps](#)

[Test & Trace Engages Over 1 Million Close Contacts through Trace Program](#)

[NYC Health + Hospitals/Gotham Health, Vanderbilt Celebrates Diabetes Center Grand Opening](#)

[NYC Health + Hospitals/Metropolitan, the Government of the Dominican Republic Announce New Partnership Regarding Health Care of Dominican Government Employees in NYC](#)

[Vaccine Referral Bonus Program's Organizations Refer Over 20k Vaccinations](#)

[Flu Testing Now Available at All Test & Trace Mobile Testing Units](#)

[World Trade Center Environmental Health Center Commemorates 20th Anniversary of 9/11](#)

[Newsweek Names Bellevue Hospital Among Nation's Best Physical Rehab Centers](#)

[System's ACO earns Medicare Shared Savings for 8th Consecutive Year](#)

[Families Reminded to Schedule Kids' Well-Visits, Vaccinations Ahead of School Year](#)

[Vaccine For All: Over 200,000 Vaccinations Administered at Citi Field](#)

[American Heart Association Recognizes NYC Health + Hospitals for Efforts in Cardiovascular Treatment](#)

[Coney Island Hospital Receives \\$17M to Rebuild, Expand Primary Care Services](#)

[NYC Health + Hospitals/Gotham Health, Vanderbilt to Open Diabetes Center in the Fall](#)

[Virtual ExpressCare Proves to Reduce Unnecessary ED Visits](#)

[NYC Launches Comprehensive Mental Health Resources Website](#)

[Jacobi Doctors Appointed Honorary NYPD Police Surgeons](#)

[NYC Test & Trace Announces At-home Testing for Immunocompromised and Those Ages 65+](#)

[Bellevue Hospital Opens New Same-Day Surgery Suite](#)

[500th Person Donates Blood at NYC Health + Hospitals/Bellevue To Replenish New York's Blood Supply Amidst Shortage](#)
[City & State Names Bronx Hospital CEOs on 2021 Bronx Power 100 List](#)
[US News Rates All Public Hospitals as High Performing in At Least One Specialty Area](#)
[Coney Island Hospital Campus To Be Renamed As South Brooklyn Health](#)
[NYC Care Celebrates Two-Year Anniversary with Membership Drive](#)
[Family Health Program Provides Enhanced Health Services to Children in Foster Care](#)
[Statement from Mitchell Katz, M.D., President and CEO Of NYC Health + Hospitals, On New City Health and Safety Requirement For COVID-19 Vaccine On Weekly Testing for Health Care Workers](#)
[Annual Farmers Markets Helps Expand Access to Affordable Healthy Food Options](#)
[MetroPlusHealth Ranks #1 in 2020 Medicaid Quality Incentive Program](#)

EXECUTIVE COMMITTEE VIRTUAL MEETING
MONDAY, OCTOBER 4, 2021 - 1:30 p.m.
AGENDA

Call to Order

Mr. José Pagán

Action Item

Dr. Theodore Long

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with **LIC Com LLC** (the “Vendor”) to provide home delivery of emergency meals to food-insecure New Yorkers in COVID quarantine and isolation for a total amount not to exceed \$10M for the period November 1, 2021 through June 30, 2022.

Vendex: Approved / EEO: Pending

Old Business

New Business

Meeting Adjourn

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with **LIC Com LLC** (the “Vendor”) to provide home delivery of emergency meals to food-insecure New Yorkers in COVID quarantine and isolation for a total amount not to exceed \$10M for the period November 1, 2021 through June 30, 2022.

WHEREAS, currently the System’s Test + Trace Corps (“**T2**”) uses the City Department of Sanitation (“**DSNY**”) GetFoodNYC program with over 30 food delivery vendors offering varied meal types to deliver meals to New Yorkers in COVID quarantine and isolation who are unable to reliably obtain food; and

WHEREAS, DSNY will not deliver such meals after November 15, but there will still be a need to deliver meals to New Yorkers in COVID quarantine and isolation; and

WHEREAS, consistent with the MOU between the System and the City of New York through its Office of Management and Budget (“**OMB**”), OMB has agreed to fund the System’s assumption of such a food delivery program in an amount not-to-exceed \$10M in case of further COVID surges; and

WHEREAS, the Sr. Vice President of Ambulatory Care will manage the proposed contract.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to sign a contract with LIC Com LLC to provide home delivery of emergency meals to food-insecure New Yorkers in COVID quarantine and isolation for a total amount not to exceed \$10M for the period November 1, 2021 through June 30, 2022.

EXECUTIVE SUMMARY

CONTRACT WITH LIC COM LLC FOR FOOD DELIVERY TO NEW YORKERS IN COVID QUARENTINE OR ISOLATION

BACK-GROUND: During the height of the epidemic DSNY contracted with over 30 food delivery vendors for varied meal types for New Yorkers who are unable to reliably obtain food, including T2 clients under its GetFoodNYC Program. These contracts were awarded by DSNY through a competitive RFP process under an Emergency Order. DSNY has determined not to renew such contracts in view of their being so far from DSNY's core services. Nevertheless, there continues to be a current need for continued meal delivery to people in COVID quarantine or isolation and the future need is unknown. GetFoodNYC currently delivers approximately 3,118 meals per day to T2 clients. Accordingly, the System will take over this program using its own procured vendor.

SELECTION OF VENDORS: Under the supervision, and with the approval, of the Contract Review Committee, the System issued an RFP to a closed pool consisting of only MWBE vendors. After considering many MWBE proposals, the Evaluation Committee voted to award the contract to the Vendor.

TERMS: The proposed contract will be for a term extending from November 1, 2021 through June 30, 2022 for an amount not to exceed \$10M. The average meal price for LIC COM LLC is \$3.98 per meal. Assuming the continuation of the current demand for 3,118 meals daily, that computes to a cost over the proposed term of \$2,990,723. Thus, the NTE allows for considerable unanticipated growth in the program.

MWBE: Vendor is a NYC registered MWBE.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: LIC Com LLC

Date: September 23, 2021

Digitally signed by Tallbe, Keith
Date: 2021.09.23
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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Approved

EEO
Pending

MWBE
NYC MBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

T2 GetFoodNYC Emergency Home Meal Delivery

**Application to
Enter into Contract – LIC Com LLC
Executive Committee Meeting
Monday, October 4, 2021**

**Theodore Long, MD
Senior Vice President
Ambulatory Care and Population Health**

Background / Current State

- **Purpose:** Continue to deliver fresh and prepared nutritional meals to food-insecure New Yorkers in quarantine and isolation at home

- **Current State:**
 - Currently T2 uses the GetFoodNYC program, run by DSNY, to deliver meals
 - GetFood is the most requested resource by T2 clients, who need to separate to stop transmission of COVID-19, but cannot afford food delivery and do not have someone to help them purchase food
 - To prevent the transmission of COVID-19 and ensure all New Yorkers can safely separate, T2 will take over emergency home meals delivery to New Yorkers in quarantine and isolation as DSNY's operations end
 - DSNY's contracts were procured through a competitive RFP process under an Emergency Order
 - DSNY contracts with over 30 food delivery vendors for varied meal types for all New Yorkers who are unable to reliably obtain food, including T2 clients
 - T2 is able to contract with one vendor, given the smaller volume of orders compared to the existing DSNY program, which services more clients beyond T2
 - DSNY will stop taking orders for T2 clients by November 15, and T2 will need to issue a new contract to provide emergency home meal delivery to New Yorkers in quarantine and isolation to start November 1 to ensure there is no gap in providing meals to T2 clients
 - In November, DSNY will continue to deliver meals to non-T2 clients, while T2 will begin deliveries to T2 clients. During this period, our teams will collaborate to ensure orders are routed correctly, and DSNY will act as a resource to ensure a smooth transition

Overview of Procurement

- NYC Health + Hospitals leveraged the procurement done by DSNY in 2020 for these services. We conducted a closed pool solicitation among the M/WBEs awarded a contract as a result of the solicitation. All of the M/WBEs were found to be performing satisfactorily.
- 08/24/21: CRC approved an application to issue RFP
- 08/24/21: RFP sent directly to 18 vendors
- 08/30/21: Pre-proposal conference call; 18 vendors attended
- 09/13/21: Proposal deadline, 18 proposals received
- 09/16/21: 1st round of evaluations completed, leaving 6 finalists
- 09/20/21: 2nd round of evaluations completed.
 - LIC Com LLC received the highest score for each of the substantive criteria
 - LIC Com LLC cumulative score was 9.8, more than two points higher than the next highest scorer (7.6)

RFP Criteria

➤ **Minimum Evaluation Criteria:**

- MWBE Vendor
- 3 years of experience in food preparation
- Existing DSNY GetFoodNYC vendor
- Able to meet minimum weekly volume
- Ability to provide all meal types

➤ **Substantive Criteria:**

- 30% Cost
- 25% Capacity
- 25% Approach in Strategy, Experience, and Menu Quality
- 20% Data Management

➤ **Evaluation Committee:**

- Senior Project Manager, Take Care
- Senior Systems Analyst, Finance, T2
- Senior Director Logistics, T2
- Senior Project Manager, T2
- Project Manager, Take Care

➤ **Non voting members**

- DSNY, Associate Counsel
- DSNY, Senior Manager, Bureau of Recycling and Sustainability
- Deputy Director of Take Care

Vendor Background

- LIC COM LLC is an NYC MBE certified food service company located in Long Island City, and they have served schools, child/adult daycares, non-profits, community organizations, and city agencies
- They have over a decade of experience, and employed 300 local staff throughout the pandemic, the majority from the severely impacted restaurant industry
- LIC COM LLC is committed to delivering high-quality and culturally authentic meals to T2's diverse population of clients, and successfully operated over the past 16 months with DSNY through snow storms, hurricanes, and supply chain shocks
- They are currently the largest and longest-running vendor for DSNY's GetFoodNYC program
- They are the only MWBE vendor that provides three meal types for DSNY's program, as almost all other vendors are only contracted for one meal type, indicative of their capacity and quality of service
- Successful reference check with DSNY

Budgeting – T2 MOU

- Based on current COVID-19 rates and meals being delivered we expect a spend over the next fiscal year of approximately \$3 million
 - $(\$3.98 \text{ meal}) \times (3118 \text{ daily meals}) \times (241 \text{ days}) = \$2,990,723$
- OMB has granted a total budget of \$10M in case of further surges
- NYC Health + Hospitals has received \$1.5 Billion from OMB through the T2 MOU. All FY21 expenses have been covered.

Executive Committee Approval Request

- Test and Trace Corps is seeking Executive Committee approval to enter into contract with LIC Com LLC, a New York City MBE, to provide emergency home meals to food-insecure New Yorkers in quarantine and isolation at home
- Contract Term: value will be for a not-to-exceed (NTE) amount of \$10,000,000
- Contract term will be from November 1, 2021 through June 30, 2022

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Executive Committee of Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/ videoconference on the 4th day of October, 2021, at 1:30 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/ videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Mr. Phillip Wadle
Mr. Scott French - joined at 1:42
Mr. Feniosky Peña-Mora
Ms. Sally Hernandez-Piñero

Jose Pagán, Chair of the Board, called the meeting to order at 1:35 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Present in a voting capacity were José Pagán, Mitchell Katz, Vincent Calamia, Feniosky Peña-Mora, and Scott French representing Steven Banks and Mr. Wadle representing Deputy Mayor Melanie Hartzog.

Action Item:

Mr. Pagán read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a contract with **LIC Com LLC** (the "Vendor") to provide home delivery of emergency meals to food-insecure New Yorkers in COVID quarantine and isolation for a total amount not to exceed \$10M for the period November 1, 2021 through June 30, 2022.

Dr. Theodore Long, Senior Vice President, Ambulatory Care and Population Health, and Dr. Amanda Johnson, Assistant Vice Present for Ambulatory Care Operations, presented the background and current state of programs to deliver fresh and prepared nutritional meals to food-insecure New Yorkers in quarantine and isolation at home. Since the peak of the epidemic NYC Department of Sanitation (DSNY) has been providing these services however, as of November 15, 2021, the DSNY will no longer be accepting new requests. To prevent a gap in these much-needed services NYC Health + Hospitals is seeking approval to enter into contract with the above vendor.

NYC Health + Hospitals leveraged DSNY's 2020 procurement process for these services by drawing from that solicitation those MWBE vendors which had previously responded to DSNY to create a closed pool of MWBEs to complete for the subject award.

The RFP criteria was presented. A review of the proposed vendor's background was discussed including its MWBE status, experience in the community, and performance during the pandemic.

Dr. Long informed the Committee that OMB will fund the expenses of this contract under the provisions of the T2 Memorandum of Understanding with OMB/City. He also provided a detailed review of such T2 MOU funding so far.

Dr. Long and Dr. Johnson responded to questions regarding the type of meals served and whether they are culturally sensitive. Dr. Johnson explained that a separate vendor will provide medically necessary meals. Clarification was also provided regarding the eligibility criteria for services, the continuation of food needs after quarantine and isolation and the role of food waste in the program.

After discussion and upon motion made and duly seconded the motion was unanimously approved by the Committee.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Executive Committee, the meeting was adjourned at 2:10 P.M.



Colicia Hercules
Corporate Secretary

RESOLUTION - 03

Adopting the New York City Health and Hospitals Corporation's (the "System") **revised Principles of Professional Conduct ("POPC")**, which, sets forth in the System's compliance expectations and commitment to comply with all applicable Federal and State laws. The POPC serves as the System's code of conduct, as required by 18 NYCRR § 521.3(c)(1), and as recommended by the U.S. Department of Justice Criminal Division "Evaluation of Corporate Compliance Programs," updated June 2020. The revised POPC also updates the System's gift policy as detailed in Operating Procedure 50-3 "Policy on Gift Exchange and Receipt".

WHEREAS, pursuant to Social Services Law § 363-d and its implementing regulations at 18 NYCRR Part 521, the System, as a condition of participation in the New York State Medicaid Program, is required to establish and maintain an effective Compliance Program; and

WHEREAS, pursuant to the mandatory compliance program regulations at 18 NYCRR § 521.3(c)(2), the System is required to establish written policies and procedures that describe its compliance expectations as embodied in a code of conduct or code of ethics; and

WHEREAS, the POPC sets forth the System's compliance expectations and commitment to comply with all applicable Federal and State laws, and describes the System's standards of professional conduct and efforts to prevent fraud, waste, and abuse; and

WHEREAS, similar to the current POPC, the revised POPC:

- Establishes the System's Code of Conduct;
- Identifies the responsibilities of workforce members and business partners;
- Identifies prohibited practices and conduct; and
- States the System's commitment to protect whistleblowers from any form of retaliation; and

WHEREAS, the revised POPC adopts the policy set forth in the System's Operating Procedure 50-3 "Policy on Gift Exchange and Receipt".

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of New York City Health and Hospitals Corporation (the "System") hereby adopts the System's revised Principles of Professional Conduct ("POPC") to serve as the System's official: (i) Standards of Conduct/Code of Conduct; and (ii) written commitment to comply with all Federal and State laws; and

FURTHER RESOLVED, that, the following individuals and entities have an affirmative obligation to adhere to the revised POPC in carrying out their System functions and duties: (i) all System workforce members, including all Members of the System's Board of Directors, employees, affiliates, medical staff members, volunteers, students, and trainees, throughout all System facilities, units, programs, and entities; and (ii) all System business partners, as well as contractors, subcontractors, agents, and other persons or entities that, on behalf of the System, provide, among other services, billing or coding functions, furnish health care services or items, or monitor the health care provided by the System.

EXECUTIVE SUMMARY
ADOPTION OF THE NYC HEALTH AND HOSPITALS CORPORATION'S
REVISED PRINCIPLES OF PROFESSIONAL CONDUCT ("POPC")

Overview: The Principles of Professional Conduct ("POPC") sets forth New York City Health and Hospitals Corporation's (the "System") compliance expectations and commitment to comply with all applicable Federal and State laws. It describes the System's standards of professional conduct and its efforts to prevent fraud, waste, and abuse. The POPC also serves as the System's formal Standards of Conduct or Code of Conduct.

Legal Requirements and Guidance: New York State's mandatory provider compliance program regulations, found at 18 NYCRR § 521.3 (c)(1), requires as a condition of participation in the Medicaid program, that the System establish and maintain an effective compliance program, which includes, among other things, the development and promulgation of policies and procedures that describe the System's compliance expectations as embodied in a code of conduct or code of ethics. Similarly, guidance issued by the U.S. Department of Health and Human Services Office of Inspector General ("OIG") provides that compliance programs should develop written standards of conduct, and policies and procedures that promote the System's commitment to compliance."

Revisions to the POPC: The revised POPC updates the following sections:

- Updates Core Objectives to substitute Guiding Principles with iCARE, and to replace outdated language regarding MetroPlus;
- Revises the sub-section on Conflicts of Interest in the Examples of Unprofessional Conduct section;
- Adds a new sub-section on the System's gift policy in the Examples of Unprofessional Conduct section;
- Expands the sub-section on HIPAA compliance in the Examples of Unprofessional Conduct section; and
- Adds information on how to report issues to MetroPlus, Medicare, and Medicare plan sponsors.

Conclusion: Based on the foregoing, the Office of Corporate Compliance respectfully seeks the formal adoption of the revised POPC by the Board of Directors to serve as the System's: (i) Standards of Conduct/Code of Conduct; and (ii) written commitment to comply with all applicable Federal and State laws.

NYC Health + Hospitals
Board of Directors Meeting
October 28, 2021

Revisions to the
Principles of
Professional Conduct



Introduction

- The Principles of Professional Conduct (“POPC”) sets forth NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws.
- It describes NYC Health + Hospitals’ standards of professional conduct and efforts to prevent fraud, waste, and abuse.
- The POPC also serves as the formal “Code of Conduct” for NYC Health + Hospitals’ workforce members and business partners.
- A Code of Conduct is required by NYS Social Services Law and regulation.

Substantive Changes to the POPC

■ POPC Overview – Added Language:

- New York State Social Services Law requires the System to establish written policies and procedures that describe compliance expectations as embodied in a code of conduct. The Federal Office of Inspector General’s Compliance Program Guidance for Hospitals also discusses the need for standards of conduct for healthcare facilities. Additionally, the Centers for Medicare and Medicaid Services (“CMS”) requires Medicare Managed Care Plans and their participants to have a code of conduct.

■ POPC Core Objectives – Added Language:

- *The POPC serves as the System’s standard of professional conduct, and its core objectives are to ensure that System workforce members, and as applicable, its business partners*

Substantive Changes to the POPC (cont'd)

■ POPC Core Objectives:

- Changed Sub-section B to iCARE model rather than Guiding Principles.

Uphold NYC Health + Hospitals' values by continuously reinforcing the five essential features of the NYC Health + Hospitals iCARE:

- i. Integrity – Keep everyone safe;
- ii. Compassion – Keep Patients First;
- iii. Accountability – Manage Resources;
- iv. Respect – Work Together; and
- v. Excellence – Pursue Excellence. Keep learning;

- Former Guiding Principles section:

Uphold NYC Health + Hospitals' values by continuously reinforcing the six essential features of our daily work outlined in NYC Health + Hospitals Guiding Principles;

- Keep patients first;
- Keep everyone safe;
- Work together;
- Pursue excellence;
- Manage your resources; and
- Keep learning;

Substantive Changes to the POPC (cont'd)

■ POPC Core Objectives:

- Added language from MetroPlus' updated Employee Handbook in Sub-section O.
Fulfill MetroPlus' Mission to provide a caring, high-quality customer experience to preserve and improve the health and lives of New Yorkers with its integrated health care system:
 - i. Be caring and compassionate to all;
 - ii. Be customer powered: align daily actions to positive, impactful customer experiences, connect with internal and external customers;
 - iii. Be proud of what we do: take ownership and accountability, be solutions driven;
 - iv. Act as a team: build trust, empower others, champion transparent communication; and
 - v. Thrive with change: spark and support innovation, transform business through technology and data;

- Prior language regarding MetroPlus
Provide NYC Health + Hospitals/MetroPlus Health Plan members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education, and customer service:
 - i. Strive for performance excellence by holding the Plan and its providers to the highest standards to ensure that members receive quality care;
 - ii. Engage in team work, including all human resources and providers, to deliver the highest quality care and services to members
 - iii. Achieve superior provider, member, and employee satisfaction;
 - iv. Be fiscally responsible and ensure that revenues received are used effectively;
 - v. Foster a culture of respectfulness in the way everyone who is encountered is treated;
 - vi. Protect member rights; and
 - vii. Be accountable to each other, members, and providers;

Substantive Changes to the POPC (cont'd)

- Responsibilities of NYC Health + Hospitals Workforce Members Under the POPC
 - Added from the POPC FAQs:
 - ✓ Fulfilling the System's mission and upholding the System's values;
 - ✓ Preventing, identifying, and correcting unlawful and unethical behavior and fraud, waste and abuse;
 - ✓ Maintaining a respectful, healthy, productive, and safe work environment; and
 - ✓ Delivering high quality, medically necessary care and services to all individuals regardless of their ability to pay.

Substantive Changes to the POPC (cont'd)

■ Examples of Unprofessional Conduct

- New language regarding Conflicts of Interest in Sub-section J
Failing to comply with Chapter 68 of the New York City Charter or the NYC Health + Hospitals Code of Ethics, as applicable, including:
 - i. Holding a second job with a company that has business dealings with the City;
 - ii. Entering into a financial relationship with a superior;
 - iii. Accepting gifts from a vendor that has a business relationship or is seeking to do business with the City; and
 - iv. Using City resources or City position for personal benefit

- Prior language regarding Conflicts of Interest
Engaging in conflicts of interest:
 - Accepting gifts or services from a patient, vendor or potential vendor;
 - Unlawfully donating hospital funds, services and products, or other resources to any political cause, party or candidate;
 - Failing to comply with the Chapter 68 of the New York City Charter or the NYC Health + Hospitals Code of Ethics to the extent such conflicts of interest policies apply;

Substantive Changes to the POPC (cont'd)

■ Examples of Unprofessional Conduct

- New Sub-section K to replace previous policy on gifts
Failing to comply with the System's Gift Policies:
 - i. Failing to comply with OP 20-55 Pharmaceutical Company Gifts and Sponsored Educational Programs;
 - ii. Failing to comply with OP 50-3 Policy on Gift Exchange and Receipt;
 - iii. Accepting monetary gifts from a patient and/or a patient's family member, or gifts that have more than a nominal monetary value (e.g. an expensive watch); and
 - iv. Accepting gifts from a vendor, potential vendor or contractor of the System, or any of the System's Affiliates.

- Prior policy on gifts prohibited accepting any gifts or services from a patient, vendor or potential vendor.

Substantive Changes to the POPC (cont'd)

■ Examples of Unprofessional Conduct:

- New language regarding HIPAA Compliance in Sub-section N
Failing to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other privacy laws and regulations and System HIPAA Operating Procedures, including:
 - i. Improperly using, disclosing, accessing, transmitting, and/or storing patient, workforce member or business information;
 - ii. Viewing or accessing a patient’s record without a legitimate business purpose;
 - iii. Photographing or recording patients or patients’ protected health information (“PHI”) without patient consent or authorization;
 - iv. Posting patient information or PHI on social media;
 - v. Sharing your login and password with others or using someone else’s login and password to access NYC Health + Hospitals’ systems;
 - vi. Transmitting PHI via unsecure method; and
 - vii. Using personal email, applications or devices to conduct System business without prior approval;

- Prior language regarding HIPAA Compliance:
Improperly using, disclosing, accessing, transmitting, and/or storing patient, workforce member or business information;

Substantive Changes to the POPC (cont'd)

■ How to Report Issues or Violations

- Language added regarding contacting MetroPlus, Medicare, and Medicare plan sponsors for violations, in addition to the OCC.

Any potential or actual compliance violation involving MetroPlus Health Plan, Medicare, or a Medicare Managed Care Plan may be reported as applicable to:

complianceofficer@metroplus.org, or
anonymously to: 1-888-245-7247

OR

Medicare fraud, waste or abuse, or suspected violations of law, may be reported by contacting CMS at 1-800- MEDICARE (1-800-644-4227), by contacting the OIG at 1-800-HHS-TIPS (1-800-447-8477) or online by visiting

<https://forms.oig.hhs.gov/hotlineoperations/report-fraud-form.aspx> or by reporting directly to the Medicare plan sponsor.

Technical Changes to the POPC

- The section headings in the Table of Contents were revised to phrase them as statements rather than questions.
- The sections were reformatted to enumerated lettered and numbered format, instead of bullets.
- Updated the address and phone number of the OCC.
- In Section X “Stay Informed,” deleted language regarding issues that are not currently handled by the OCC, such as workplace safety and environment of care issues and discrimination and sexual harassment issues.

Questions?





NYC HEALTH + HOSPITALS

PRINCIPLES OF PROFESSIONAL CONDUCT

DRAFT



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Commented [PC1]: The section headings were revised to phrase them as statements rather than questions.

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NYC HEALTH + HOSPITALS

PRINCIPLES OF PROFESSIONAL CONDUCT

I. POPC OVERVIEW

The *Principles of Professional Conduct* (“POPC”) is a guide that sets forth NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws. It describes NYC Health + Hospitals’ standards of professional conduct and efforts to prevent fraud, waste, and abuse. All NYC Health + Hospitals workforce members and business partners, as described in Section II below, are expected to carry out their duties and functions in a manner that is lawful and ethical. Workforce member responsibilities under the POPC are listed in Section IV below, and business partner responsibilities under the POPC are listed in Section V below.

New York State Social Services Law requires the System to establish written policies and procedures that describe compliance expectations as embodied in a code of conduct. The Federal Office of Inspector General’s Compliance Program Guidance for Hospitals also discusses the need for standards of conduct for healthcare facilities. Additionally, the Centers for Medicare and Medicaid Services (“CMS”) requires Medicare Managed Care Plans and their participants to have a code of conduct.

Commented [PC2]: This language was added.

II. APPLICATION OF THE POPC

The POPC applies to and governs the conduct of:

Commented [PC3]: The OCC reformatted this section into a list format, added MetroPlus Board of Directors, and defined volunteers to make it clearer to the reader.

- A. NYC Health + Hospitals workforce members (whether permanent or temporary), which includes all NYC Health + Hospitals employees, including leased employees such as NYC Health + Hospitals/MetroPlus (“MetroPlus”) employees, and employees of NYC Health + Hospitals’ subsidiaries, members of the NYC Health + Hospitals and MetroPlus Board of Directors, personnel, affiliates, medical staff members, volunteers (including members of the Community Advisory Boards and Hospital Auxiliaries), students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and
- B. NYC Health + Hospitals’ business partners who are required by law or contract to comply with this POPC, including the POPC’s core objectives specified in Section III below. Business partners include contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide, among other services, billing or coding



functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals.

III. POPC CORE OBJECTIVES

The POPC serves as the System’s standard of professional conduct, and its core objectives are to ensure that System workforce members, and as applicable, its business partners:

Commented [PC4]: Changed format of the below sections to enumerated provisions, instead of bulleted provisions.

Commented [PC5]: This phrase was added.

A. Fulfill NYC Health + Hospitals’ mission to:

- i. Provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
- ii. Extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of humane care and respect;
- iii. Promote and protect, as both an innovator and advocate, the health, welfare and safety of the people of the State of New York and of the City of New York; and
- iv. Join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect in the fullest sense – the total physical, mental and social well-being of the people of the State of New York and of the City of New York;

B. Uphold NYC Health + Hospitals’ values by continuously reinforcing the five essential features of the NYC Health + Hospitals iCARE:

Commented [PC6]: Changed this section to iCARE model rather than Guiding Principles.

- i. Integrity – Keep everyone safe;
- ii. Compassion – Keep Patients First;
- iii. Accountability – Manage Resources;
- iv. Respect – Work Together; and
- v. Excellence – Pursue Excellence. Keep learning;

C. Prevent, identify, and correct unlawful and unethical behavior, and fraud, waste, and abuse by:

- i. Identifying, assessing, and monitoring potential risk areas;
- ii. Adhering to all applicable provisions of Federal and State laws, NYC Health + Hospitals’ Corporate Compliance and Ethics Program, and NYC Health + Hospitals’ policies, including provisions that require the reporting of violations to appropriate parties;



- iii. Preventing the submission of inappropriate claims and billings and the receipt of improper payments by implementing training initiatives, establishing internal controls, and carrying out auditing and monitoring activities; and
 - iv. Minimizing financial loss and reducing the likelihood of an overpayment from a Federal health program, governmental entity or other third party payor;
- D. Deliver high quality, medically necessary care and services to all individuals in need regardless of their ability to pay:
- i. Ensure that only health practitioners and other health professionals who are duly licensed, certified, credentialed or otherwise qualified in accordance with Federal and State law, medical staff bylaws and associated rules, and internal policies, are authorized to deliver care to patients;
 - ii. Respect and protect patients' rights;
 - iii. Deliver care and services in a culturally sensitive manner; and
 - iv. Strive for the highest level of patient satisfaction;
- E. Maintain a respectful, healthy, productive, and safe work environment with the goals of preventing discriminatory and other inappropriate forms of conduct, reducing the likelihood of illnesses and injuries, and helping workforce members realize their full potential:
- i. Provide equal employment opportunities to all workforce members and employment candidates regardless of any protected characteristic including, without limitation, race, age, gender, gender identity, sexual orientation, religion, ethnicity, disability or any other any other protected class covered by Federal, State, and/or local anti-discrimination laws;
 - ii. Promptly respond to and address all acts or threats of violence, intimidation, discrimination, harassment or disruptive behavior;
 - iii. Encourage workforce members to realize their full potential;
 - iv. Provide reasonable accommodations to workforce members with disabilities; and
 - v. Perform initial and periodic health screenings of workforce members as required by applicable law and internal policies;
- F. Facilitate and promote standards of conduct that detect, reduce, and/or effectively manage conflicts of interest;
- G. Respect the environment in which we work and our facilities operate:



- i. Handle, use, and dispose of all toxic, hazardous, radioactive, and pharmacological agents, materials, instruments, and supplies in a safe manner consistent with applicable law and internal policies;
- H. Establish mandatory compliance and other training and education initiatives;
- I. Engage in only fair business practices;
- J. Maintain an information governance program wherein patient, billing, employment, and other business records are authenticated and maintained in accordance with NYC Health + Hospitals' record management, privacy, and data security policies;
 - i. Ensure that all business records are kept securely, recorded accurately, authentic when produced, and available when needed;
 - ii. Protect patient and workforce member privacy and confidentiality; and
 - iii. Provide notice to patients and other affected parties as required by applicable law and internal policies in the case of a breach of confidential information;
- K. Participate in the NYC Health + Hospitals' Corporate Compliance and Ethics Program and promptly report compliance concerns;
- L. As a condition of employment or contract (or other agreement), comply with the POPC and, where appropriate, other NYC Health + Hospitals policies that relate to the types of services, duties, functions, and products that the workforce member and/or business partner provides;
- M. Prohibit and promptly report to appropriate parties allegations of retaliation, harassment or intimidation in response to workforce member, business partner or other stakeholder participation in the Corporate Compliance and Ethics Program;
- N. Establish and enforce fair and consistent disciplinary policies and procedures for workforce member and, to the extent applicable, business partner, violations of law or NYC Health + Hospitals policies;
- O. Fulfill MetroPlus' Mission to provide a caring, high-quality customer experience to preserve and improve the health and lives of New Yorkers with its integrated health care system:

- i. Be caring and compassionate to all;
- ii. Be customer powered: align daily actions to positive, impactful customer experiences, connect with internal and external customers;
- iii. Be proud of what we do: take ownership and accountability, be solutions driven;
- iv. Act as a team: build trust, empower others, champion transparent communication; and
- v. Thrive with change: spark and support innovation, transform business through technology and data; and

Commented [PC7]: This language is from MetroPlus' updated Employee Handbook.

Provide NYC Health + Hospitals/MetroPlus Health Plan members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education, and customer service:

- i. Strive for performance excellence by holding the Plan and its providers to the highest standards to ensure that members receive quality care;
- ii. Engage in team work, including all human resources and providers, to deliver the highest quality care and services to members
- iii. Achieve superior provider, member, and employee satisfaction;
- iv. Be fiscally responsible and ensure that revenues received are used effectively;
- v. Foster a culture of respectfulness in the way everyone who is encountered is treated;
- vi. Protect member rights; and
- vii. Be accountable to each other, members, and providers; and

Commented [PC8]: Previous MetroPlus language.

P. Adhere to all MetroPlus Health Plan's regulatory requirements and contractual commitments with Federal and State regulatory agencies.

IV. RESPONSIBILITIES OF NYC HEALTH + HOSPITALS WORKFORCE MEMBERS UNDER THE POPC

A. All workforce members are required to carry out their functions and duties – whether delivering clinical care, assisting in coding, billing or claims reimbursement activities, providing administrative oversight of NYC Health + Hospitals' operations, or acting as support personnel – in a professional



and ethical manner. This means, each workforce member is responsible for the following:

- i. Not engaging in any acts, conduct or practice that would be contrary to any of the core objectives listed in Section III above or interfere with NYC Health + Hospitals achieving any of these core objectives;
- ii. Complying with the POPC and other applicable NYC Health + Hospitals policies and procedures, and applicable law;
- iii. Not engaging in unprofessional conduct, examples of which are provided in Section VI below;
- iv. Completing assigned training and education programs;
- v. Fully cooperating with any internal or government investigation;
- vi. Reporting, as outlined in Section VIII below, any event, occurrence, activity or other incident that appears to violate applicable law or NYC Health + Hospitals policies and procedures.
- vii. Fulfilling the System's mission and upholding the System's values;
- viii. Preventing, identifying, and correcting unlawful and unethical behavior and fraud, waste and abuse;
- ix. Maintaining a respectful, healthy, productive, and safe work environment; and
- x. Delivering high quality, medically necessary care and services to all individuals regardless of their ability to pay.

B. Workforce members must understand and comply with the applicable rules and policies that relate to their particular duties, functions or role. If a workforce member does not know what rules or policies apply to his/her position, that workforce member should talk to his/her supervisor, manager, administrative head or chief of service.

C. Some System subsidiaries (e.g., MetroPlus, HHC ACO Inc.) may have standards of professional conduct that are tailored to address nuances and regulatory requirements particular to those subsidiaries. Under such circumstances, workforce members and business partners of these subsidiaries are required to follow all applicable provisions of both the POPC and other standards of professional conduct enacted by such subsidiaries. Additionally, System workforce members licensed under Title VIII of the New York State Education Law are required to adhere to the professional standards established by the New York State Office of Professions. A violation of these professional standards is a violation of New York State law and the POPC.

Commented [PC9]: This language was added from the POPC FAQs.



V. RESPONSIBILITIES OF NYC HEALTH + HOSPITALS BUSINESS PARTNERS UNDER THE POPC

It is the expectation of NYC Health + Hospitals that each entity with which it partners to accomplish its mission:

- A. Adopts the POPC or their own code of conduct that includes the POPC's core objectives or substantially similar compliance goals;
- B. Not violate the POPC or their own similar code;
- C. Not engage in unprofessional conduct as described in Section VI below;
- D. Timely reports to NYC Health + Hospitals any violation of the POPC of which it becomes aware; and
- E. Fully cooperates, to the extent applicable, with any investigation by NYC Health + Hospitals or, if required, any governmental agency.

VI. EXAMPLES OF UNPROFESSIONAL CONDUCT

The following are some examples of unprofessional conduct that are prohibited by NYC Health + Hospitals. Note, the examples provided below are not a complete list of all unprofessional conduct.

- A. Submitting false and/or fraudulent claims;
- B. Improper billing practices, including, but not limited to:
 - i. Billing for items or services not rendered or those that are not medically necessary;
 - ii. Upcoding - using a billing or DRG code that provides for a higher payment rate than the correct code;
 - iii. Submitting multiple claims for a single service or submitting a claim to more than one primary payor at the same time;
 - iv. Unbundling - submitting claims in a piecemeal or fragmented way to improperly increase payment;
- C. Failing to promptly report and refund, as required by law, any overpayment;
- D. Interfering with or otherwise impeding an internal or government investigation;
- E. Submitting false cost reports;

- F. Failing to deliver medical care to any individual based on their inability to pay;
- G. Failing to comply with laws governing workplace safety;
- H. Engaging in conduct that is discriminatory in nature, amounts to sexual or other harassment, or constitutes intimidation, as well any act or threat of violence;
- I. Engaging in conduct that is hazardous to the environment;
- J. Failing to comply with Chapter 68 of the New York City Charter or the NYC Health + Hospitals Code of Ethics, as applicable, including:
 - i. Holding a second job with a company that has business dealings with the City;
 - ii. Entering into a financial relationship with a superior;
 - iii. Accepting gifts from a vendor that has a business relationship or is seeking to do business with the City; and
 - iv. Using City resources or City position for personal benefit;

Engaging in conflicts of interest:

- Accepting gifts or services from a patient, vendor or potential vendor;
- Unlawfully donating hospital funds, services and products, or other resources to any political cause, party or candidate;
- Failing to comply with the Chapter 68 of the New York City Charter or the NYC Health + Hospitals Code of Ethics to the extent such conflicts of interest policies apply;

Commented [PC10]: Former Conflicts of Interest section.

- K. Failing to comply with the System's Gift Policies:
 - i. Failing to comply with OP 20-55 Pharmaceutical Company Gifts and Sponsored Educational Programs;
 - ii. Failing to comply with OP 50-03 Policy on Gift Exchange and Receipt;
 - iii. Accepting monetary gifts from a patient and/or patient's family member or gifts that have more than a nominal monetary value (e.g. an expensive watch); and
 - iv. Accepting gifts from a vendor, potential vendor or contractor of the System, or any of the System's Affiliates.

Commented [PC11]: New section to replace previous policy on gifts.

- L. Failing to complete mandated training;
- M. Failing to maintain accurate, clear, and comprehensive medical records;
- N. Failing to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other privacy laws and regulations and System HIPAA Operating Procedures, including:
 - i. Improperly using, disclosing, accessing, transmitting, and/or storing patient, workforce member or business information;
 - ii. Viewing or accessing a patient’s record without a legitimate business purpose;
 - iii. Photographing or recording patients or patients’ protected health information (“PHI”) without patient consent or authorization;
 - iv. Posting patient information or PHI on social media;
 - v. Sharing your login and password with others or using someone else’s login and password to access NYC Health + Hospitals’ systems;
 - vi. Transmitting PHI via unsecure method; and
 - vii. Using personal email, applications or devices to conduct System business without prior approval;

Improperly using, disclosing, accessing, transmitting, and/or storing patient, workforce member or business information;

Commented [PC12]: Former privacy section.

- O. Entering into an agreement with a business partner or affiliate the terms of which:
 - i. Do not call for compliance with the POPC; or
 - ii. Provide for activities and services that constitute unprofessional conduct;
- P. Engaging in business practices and acts that are unfair, deceptive or anti-competitive;
- Q. Conducting unlawful marketing practices to enroll members into MetroPlus Health Plan including, but not limited to, engaging in unlawful beneficiary inducements;
- R. Failing to promptly report a potential compliance concern or incident;



- S. Submitting false statements, certifications, qualifications and/or documentation required in any business dealings or one's role;
- T. Any violation of Federal and State human subject research laws and/or NYC Health + Hospitals' OP 180-9 Human Subject Research Protections Program Policies and Procedures;
- U. Any violation of applicable NYC Health + Hospitals' policies and procedures;
- V. Other types of unprofessional conduct, including, but are not limited to:
 - i. Misuse or misallocation of World Trade Center Health Program, research or grant funds;
 - ii. Engaging in improper or illegal business arrangements;
 - iii. Giving or receiving anything of value to induce referrals for items or services, or for the ordering of items or services;
 - iv. Hiring or contracting with persons or entities excluded from participation in Federal health care programs; and
 - v. Engaging in any activity or conduct that may result in the imposition of civil monetary penalties.

Commented [PC13]: Deleted "DSRIP Program".

VII. ENGAGING IN UNPROFESSIONAL CONDUCT OR OTHERWISE VIOLATING THE POPC

Workforce members or business partners that engage in unprofessional conduct or act contrary to applicable law or NYC Health + Hospitals' policies and procedures, many of which are summarized in the POPC core objectives or other elements of the POPC, shall be subject to disciplinary action up to and including termination of employment, contract, and/or other affiliation with NYC Health + Hospitals, as applicable.

VIII. HOW TO REPORT ISSUES OR VIOLATIONS

Workforce members and business partners, as applicable, are responsible for promptly reporting to the Office of Corporate Compliance any suspected unlawful or unethical behavior or incidents and/or violations of the POPC. Reports may be made, by phone, fax or e-mail in the following manner:

**NYC Health + Hospitals
Office of Corporate Compliance
50 Water Street, Suite 528
New York, NY 10004**



Telephone: (646) 458-5632

Facsimile: (646) 458-5624

E-mail: COMPLIANCE@nychhc.org

Privacy Violations E-mail: cpo@nychhc.org

Confidential Compliance Helpline: 1-866-HELP-HHC (1-866-435-7442)

Reports may be made anonymously by using the **CONFIDENTIAL COMPLIANCE HELPLINE** provided directly above. Each report received by will be treated confidentially, fully assessed, and investigated as warranted.

Any potential or actual compliance violation involving MetroPlus Health Plan, Medicare, or a Medicare Managed Care Plan may be reported as applicable to:

complianceofficer@metroplus.org, or
anonymously to: 1-888-245-7247

OR

Medicare fraud, waste or abuse, or suspected violations of law, may be reported by contacting CMS at 1-800- MEDICARE (1-800-644-4227), by contacting the OIG at 1-800-HHS-TIPS (1-800-447-8477) or online by visiting

<https://forms.ig.hhs.gov/hotlineoperations/report-fraud-form.aspx> or by reporting directly to the Medicare plan sponsor.

IX. PROHIBITION OF RETALIATION AND WHISTLEBLOWER PROTECTION

NYC Health + Hospitals is committed to protecting whistleblowers. Accordingly, NYC Health + Hospitals strictly prohibits intimidation, harassment, or retaliation, in any form against any individual who in good faith participates in the Corporate Compliance and Ethics Program by reporting or participating in the investigation of suspected violations of law, regulation, policies and/or suspicions of fraud, waste, or abuse. Examples of retaliation include unjustified discharge /termination, demotion or suspension of employment; threatening or harassing behavior; and/or negative or onerous change in any term or condition of employment.

Any attempt by an individual or entity to intimidate, harass, or retaliate against a reporter or potential reporter will result in action up to and including termination of employment, contract, and/or other affiliation with NYC Health + Hospitals.

Commented [PC14]: The OCC address and phone number were updated.

Commented [PC15]: Section added about contacting MetroPlus, Medicare, and Medicare plan sponsor.



X. STAY INFORMED

Workforce members and business partners should familiarize themselves with NYC Health + Hospitals’ mission, values, iCARE, and stay informed of the many NYC Health + Hospitals policies related to the POPC’s core objectives by visiting its intranet page at: <http://compliance.nychhc.org/>, or NYC Health + Hospitals’ public website at: <http://www.nychealthandhospitals.org/hhc/html/about/About-PublicInfo-Compliance.shtml>. Questions regarding these policies or any of the following important topics, may be addressed by contacting the Office of Corporate Compliance or MetroPlus as described in Section VIII above:

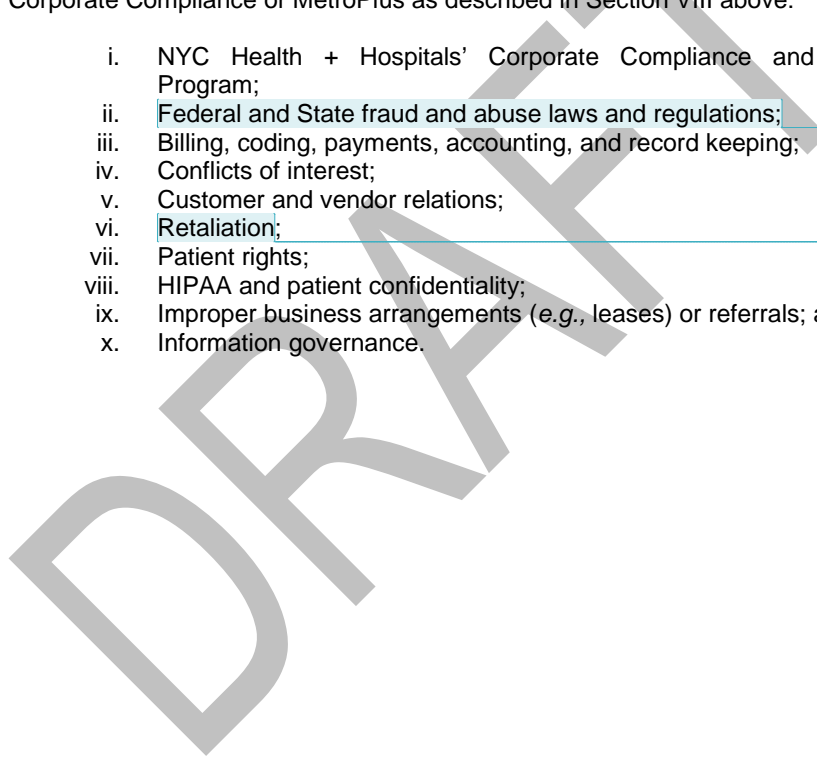
- i. NYC Health + Hospitals’ Corporate Compliance and Ethics Program;
- ii. Federal and State fraud and abuse laws and regulations;
- iii. Billing, coding, payments, accounting, and record keeping;
- iv. Conflicts of interest;
- v. Customer and vendor relations;
- vi. Retaliation;
- vii. Patient rights;
- viii. HIPAA and patient confidentiality;
- ix. Improper business arrangements (e.g., leases) or referrals; and
- x. Information governance.

Commented [PC16]: Changed this from Guiding Principles to iCare.

Commented [PC17]: Deleted “Workplace safety and environment of care issues,” as the OCC does not really handle those issues.

Commented [PC18]: Used this language to replace “Stark Law, Anti-Kickback Statute, State and Federal False Claims Acts, Civil Monetary Penalties Law, Exclusion Authorities, Criminal Health Care Fraud Statute, and New York Labor Law §§ 740 and 741”.

Commented [PC19]: Deleted discrimination and sexual harassment, as those issues are not handled by the OCC.



RESOLUTION - 04

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with **Creative Snow By Cow Bay, Inc** (the “Vendor”) for three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation to provide snow removal services for a total amount not to exceed \$6,920,000 for the period November 1, 2021 through October 31, 2026.

WHEREAS, currently New York City Health and Hospitals Corporation (the “System”) uses NAC Industries and Cow Bay Inc to provide snow removal services as needed during winter weather events; and

WHEREAS, the current contracts in place will expire on October 15, 2021, and there will be a need to continue snow removal services; and

WHEREAS, Finance has approved the funding of snow removal services from the current facility budget; and

WHEREAS, following the issuance of an open and competitive Request for Proposals, the System selected the Vender for the award of the proposed contract; and

WHEREAS, the Sr. Vice President of Supply Chain Services will manage the proposed contract.

NOW THEREFORE, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to sign a contract with Creative Snow By Cow Bay Inc for three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation to provide snow removal services for its facilities for a total amount not to exceed \$6,920,000 for the period November 1, 2021 through October 31, 2026.

EXECUTIVE SUMMARY
CONTRACT WITH CREATIVE SNOW BY COW BAY INC. FOR
SNOW REMOVAL SERVICES

**BACK-
GROUND:**

New York City experiences multiple snowfalls each winter season. The onset of winter weather creates hazardous conditions for patients, employees, and contractors. The risk of such conditions includes physical risk of harm due to falling and potential delays in patient care due to snow accumulation on facility sidewalks and parking lots. Such conditions have been mitigated by the timely and coordinated execution of snow removal services, provided by NAC Industries and Cow Bay Inc over the last five years.

**SELECTION
OF VENDORS**

Under the supervision, and with the approval, of the Contract Review Committee, the System issued an RFP and posted an advertisement on City Record to seek out qualified vendors to perform Snow Removal Services. After considering many proposals, the Evaluation Committee voted to award the contract to the Vendor.

TERMS:

The proposed contract will be for a term of three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation for an amount not to exceed \$6,920,000, extending from November 1, 2021 through October 31, 2026.

MWBE:

Vendor intends to subcontract 10% of contract spend to Serrano Fence and Son, Inc., a NYC MBE, for labor, fencing and equipment, 15% to KES Construction Co., Inc., a NYC MBE for labor, equipment, and consulting, and 5% to Chief Equipment, Inc., a WBE for equipment and parts



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2021.10.04 15:37:14 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Creative Snow By Cow Bay, Inc.

Date: October 4, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility **EEO** **MWBE**
Approved Pending 30% Utilization Plan

M/WBE Utilization Plan Detail			
Vendor	Scope	Certification	Percentage
Serrano Fence and Son, Inc.	Labor, fencing, and equipment	NYC MBE	10%
KES Construction Co., Inc.	Labor, equipment, and consulting	NYC MBE	15%
Chief Equipment, Inc.	Equipment and parts	NYC WBE	5%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



Snow Removal Services

**Application to
Enter into Contract with
Creative Snow By Cow Bay Inc.**

**Board of Directors Meeting
October 28, 2021**

Joe Wilson – Senior AVP Strategic Sourcing





- NYC Health + Hospitals requires professional snow removal services during the winter season
- The current contracts in place for Snow Removal services expire October 14th, 2021
- The existing contracts are with: NAC Industries and Creative Snow by Cow Bay Inc. Current vendors also perform landscaping in addition to snow removal. Landscaping will be bid separately in the spring
- Creative Snow by Cow Bay Inc. currently provides snow removal services for 74% of enterprise. NAC Industries covers the remaining 26%.
- Scope of services include Acute Care, Gotham Health, and Long Term Care facilities
- Previous fiscal year spend was \$1,193,853
- Proposed contract term: 5 years (three base years, two one-year options at the discretion of NYC Health + Hospitals)





Overview of Procurement

- 07/06/21: CRC approved an application to issue RFP
- 07/23/21: RFP posted on City Record
- 07/27/21: RFP sent directly to 18 vendors
- 08/02/21 – 08/06/21: 5 vendors attended facility walk-throughs
- 08/10/21: Pre-proposal conference call; 6 vendors attended
- 08/26/21: Proposal deadline, 5 proposals received
- 09/08/21: Evaluation committee reviewed proposals and finalized scoring. Creative Snow by Cow Bay Inc. was the highest rated proposer.





RFP Criteria

- Minimum criteria:
 - 5 years in business
 - MWBE Utilization Plan, or MWBE Certification
 - New York City presence with NYC customers
 - \$3 million in annual gross sales
 - Multiple references of other large commercial real estate customers

- Substantive Criteria
 - 30% Cost
 - 30% Substance of Vendor's Proposal
 - 20% Appropriateness and quality of firm's experience
 - 20% MWBE

- Evaluation Committee:
 - 3 Chief Operating Officers
 - 2 Central Office OFD Representatives
 - 1 Senior Associate Director
 - 13 Facility Representatives





Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation

Creative Snow by Cow Bay Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	n/a
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes



Vendor Selection

- Creative Snow by Cow Bay Inc. leverages their construction business for supplementary resources to deploy as needed
- Prior experience serving a large bank with over 180 locations
- Utilizes GPS technology for equipment and labor tracking
- Track record of success with existing H+H facility base



Board of Directors Approval Request

- Supply Chain Services is seeking approval to enter into contract with Creative Snow by Cow Bay Inc. for Snow Removal Services at a not-to-exceed amount of \$6,920,000
- Contract Term: Three Years with two one year renewal options at the discretion of H+H
- Meets MWBE target of 30%; has partners for both labor and equipment:

M/WBE Utilization Plan Detail			
Vendor	Scope	Certification	Percentage
Serrano Fence and Son, Inc.	Labor, fencing, and equipment	NYC MBE	10%
KES Construction Co., Inc.	Labor, equipment, and consulting	NYC MBE	15%
Chief Equipment, Inc.	Equipment and parts	NYC WBE	5%



RESOLUTION - 05

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a revocable five year license agreement with **Newtown Dialysis Center, Inc., of New York** (the “Licensee”) for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the “Facility”) at an occupancy fee rate of \$71.00 per square foot or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five-year term.

WHEREAS, the Licensee has been occupying space at the Facility since 2002 based on several resolutions of the Board of Directors to operate an out-patient dialysis center; and

WHEREAS, most recently in December 2016, the Board of Directors authorized the System to enter into a license agreement with the Licensee to operate twenty-five hemodialysis stations at the Facility; and

WHEREAS, the Facility has determined that there continues to be a need for renal dialysis services for the patient community and that the presence of an on-site provider of such services will be beneficial; and

WHEREAS, the Licensee, either directly or through affiliates operates numerous dialysis centers in the New York area and is under contract with the System to provide in-patient dialysis services at NYC Health + Hospitals/Henry J. Carter; and

WHEREAS, Licensee’s operations at the Facility are licensed in accordance with Article 28 of the New York Public Health Law; and

WHEREAS, the Licensee provides services to all patients regardless of their ability to pay and the System pays at the established Medicaid rates for the services provided to any patient that cannot be enrolled for insurance; and

WHEREAS, the Executive Director of the Facility will be responsible for supervising the performance of the proposed license agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst at an occupancy fee rate of \$71.00 per square foot or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five year term.

EXECUTIVE SUMMARY
RENAL DIALYSIS TREATMENT CENTER
NEWTOWN DIALYSIS CENTER, INC.
NYC HEALTH + HOSPITALS/ ELMHURST

OVERVIEW: The System seeks authorization from the Board of Directors to execute a five-year revocable license agreement with Newtown Dialysis Center, Inc., of New York (“Newtown”) to operate a renal dialysis treatment center at NYC Health + Hospitals/ Elmhurst (“Elmhurst”).

**NEED/
PROGRAM:** Newtown is physician-owned company that, with its affiliates operates numerous dialysis facilities in the NYC area. It is currently under contract with the System to provide in-patient dialysis services at NYC Health + Hospitals/Henry J. Carter. Newtown has been operating an out-patient dialysis clinic licensed by the New York State Department of Health at Elmhurst since 2002 under a series of Board resolutions, the most recent of which was adopted in 2016. Currently, Newtown operates twenty-five hemodialysis stations at which treatments are provided to outpatients. Newtown also provides instruction which gives patients the ability to perform peritoneal dialysis at home. Newtown will bill third-party insurers directly for its services. Newtown provides services to patients regardless of their ability to pay and Elmhurst pays Newtown for any such patients that cannot be enrolled in insurance at the prevailing Medicaid rate. Newtown has been successful, however, in enrolling virtually all of its patients for Medicaid.

UTILIZATION: Pre-COVID, Newtown had a stable patient census of approximately 220 per month. The COVID pandemic had a major effect on their business and they were forced to close entirely for May and June 2020. When they re-opened, patient census had dropped by approximately 25%. Patients with late stage renal dialysis were likely not to have a favorable medical outcome if they became sick with COVID. Moreover, many patients were reluctant to visit Elmhurst due to the high volume of COVID patients receiving care at the hospital. Industry-wide, the 25% decline is typical. It is anticipated that it will take three years to return to pre-COVID utilization levels.

TERMS: Newtown will be granted the continued use and occupy of approximately 6,006 square feet of space on the 7th Floor of the “D Wing” of the Main Hospital Building. Newtown will pay an occupancy fee of \$71.00 per square foot, or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five-year term. The occupancy fee is based on fair market value. Elmhurst will provide hot and cold water, electricity, heating, air conditioning, security and maintenance to the licensed Space.

SAVITT PARTNERS

June 23, 2021

Mr. Dion Wilson
Legal Affairs – Office of the General Counsel
NYC Health + Hospitals Corporation
125 Worth Street
New York, 10013

Re: Appraisal of Newtown Dialysis, located within Elmhurst Hospital Center

Dear Dion,

Pursuant to your request, we are updating the previous analysis report prepared for the referenced Renal Dialysis unit to establish the fair market value (FMV) occupancy fee of the existing dialysis unit, based on the information that you then provided to me, knowledge of area rental values and the condition of the premises. The evaluation is subject to the following assumptions:

- The licensee continues to operate a 25-chair outpatient Renal Dialysis unit.
- The square footage of the unit is approximately 6,006 square feet located on the “D” wing, 7th floor of the Main Hospital Building.
- General medical space in the surrounding Elmhurst/Jackson Heights community leases at rents that range from \$42-\$82 per square foot with an average of \$52 per rentable square foot.

The Renal Dialysis unit is located within the Elmhurst Hospital Center, which is readily accessible by the number 7 subway “Flushing” line and by numerous bus routes running along Roosevelt Avenue and Broadway. Building parking continues to be limited but there is surface street parking available.

The Renal Dialysis unit is located on the hospital’s 7th floor, “D” Wing of the main hospital building. It consists of 6,006 square feet. For the purpose of this report, the outpatient portion and any common areas used for treatment are described. The central corridor that accesses the entire Renal Dialysis unit houses the entrance, common waiting room, staff offices, exam rooms, lockers, lounge and supplies, conference room, medical records, training classroom, and three toilets.

The outpatient dialysis center itself consists of 25 dialysis stations (chairs) and one additional toilet. The unit also contains storage rooms, machine and mechanical rooms, and medical prep rooms. This outpatient unit is set up as an open unit and has a nurse’s station. This space was built with a proper design for outpatient dialysis services and is of the correct size to maximize a unit’s efficiency.

Retail space in a hospital zone typically garners a rent premium based on its proximity to a hospital. The added population and street traffic is a financial benefit most tenants of the space are willing to pay for, and special acknowledgement of this factor must be recognized in this evaluation. Unfortunately, due to the Covid pandemic real estate values, specifically commercial rental properties, have declined by upwards of 20% per square foot. Accordingly, we do not recommend a base rent increase which is typical when renewing these types of leases. We do, however, recommend annual percentage increases. In this current evaluation, we can endorse the annual percentage increases as previously agreed to without a base rent bump for this lease renewal.

In addition to an average base rent of \$52 per square foot, tenant services, fit out expenses and useful life of existing equipment should be considered in calculating the value of the space. The licensee occupying the space does not have to provide service contracts or maintenance of AC, communications, or office equipment etc. This is a value-add into the cost of the space. The infrastructure and equipment must be evaluated when determining this build out and FF&E component to establish an ultimate rental value. This comes to approximately \$25 per square foot for a newly constructed and equipped space. However, since the project is already a well-functioning dialysis unit with equipment that is 15 years old, it would be proper to recognize that the value of this unit would be reduced by as much as \$10 per square foot for any potential tenant or licensee, which would be charged with the obligation to upgrade, repair, replace and modernize both the space, equipment and infrastructure. Accordingly, we value the space at a gross rent of approximately \$71 per square foot with services provided, which would be consistent with general office tenants found within the general community.

Accordingly, we place the value of this unit at approximately \$71 per square foot for the built dialysis unit in its current condition and configuration.

In the event I can be of any further assistance to you, please do not hesitate to call me.

Very truly yours,



Michael Dubin
Partner
Savitt Partners LLC

Schedule A – Comparables

Address	Cross Streets	Square Feet	Price Per SF
78-14 Roosevelt Avenue	Roosevelt Avenue & 78 th Street	7,000	\$44.57
7802-7814 Roosevelt Avenue	Roosevelt Avenue & 75 th Street	7,000	\$44.57
7802-7814 Roosevelt Avenue	Roosevelt Avenue & 75 th Street	6,000	\$50.00
310 Riverside Drive	Riverside Drive & 104 th Street	1,000	\$82.80
2578-2580 Broadway	Broadway & 97 th Street	1,100	\$66.00
35-16-35-30 Junction Boulevard	46 th Avenue & Junction Boulevard	4,000	\$75.00
7802-7814 Roosevelt Avenue	Roosevelt Avenue & 75 th Street	6,000	\$50.00
78-14 Roosevelt Avenue	Roosevelt Avenue & 78 th Street	7,000	\$44.57
7802-7814 Roosevelt Avenue	Roosevelt Avenue & 75 th Street	7,000	\$44.57

NYC Health + Hospitals / Elmhurst

Newtown Dialysis Center, Inc.

Board of Directors Meeting
October 28, 2021

Helen Arteaga, Chief Executive Officer, NYC Health + Hospitals/Elmhurst
Christine Flaherty, Sr. Vice President, Office of Facilities Development

Background: Newtown

- Newtown Dialysis Center, Inc. is based in New York and licensed to operate an out-patient renal dialysis center at Elmhurst Hospital Center. Operating at Elmhurst since 2002, the proposed license will be the third renewal of an existing license.
- Newtown and its affiliates operate numerous dialysis centers in the NYC area and a Newtown affiliate is currently under contract to the System to provide in-patient dialysis services at NYC Health + Hospitals/Henry J. Carter.
- The company operates 25 hemodialysis stations at which treatments are provided to outpatients.
- Newtown provides instruction to patients which gives them the ability to perform peritoneal dialysis at home.



Background: Newtown + Elmhurst

- Newtown has been providing treatments at Elmhurst since 2002.
 - Agreement has been renewed three times with Corporation's Board of Director's most recent authorization of Newtown's use of the space having been given in December 2016.
 - The 2002 Elmhurst license included an occupancy fee of \$56.33/sf based on the H+H Cost report.
 - The 2010 Elmhurst license included an occupancy fee of \$56.33/sf based on the H+H Cost report.
 - The 2016 Elmhurst license included an occupancy fee starting at \$62.00/sf based on fair market value with an escalation rate of 2.75% per year yielding a rate for the final year of \$69.11.
- Pre-Covid, Newtown had a patient census of approximately 220 per month. The pandemic reduced their census by roughly 25%.
- Newtown bills third-party insurers directly for its services. The company provides treatments to patients regardless of their ability to pay, and assists with enrollment in the Medicaid program.
 - Elmhurst pays Newtown at the prevailing Medicaid rate for patients that cannot be enrolled in insurance. Newtown will use a sliding fee schedule.

Dialysis Across the System

- H+H provides its own outpatient dialysis at Metropolitan, Harlem, Kings County, Lincoln, NCB and Jacobi.
- An affiliate of Newtown provides dialysis to inpatients at Henry J. Carter.
- H+H has an agreement with Dialyzedirect for inpatient dialysis services at Coler and McKinney.
- H+H has an agreement with River Renal Dialysis for both inpatient and outpatient dialysis at Bellevue.

License Terms

- Newtown will continue to occupy 6,006 sf of on the “D” Wing of the Main Hospital Building space at a rate of \$71.00/sf for a total of \$426,426 per year. The rate is set at the fair market value for the space.
- The rate payable by Newtown on its expiring license is \$69.00/sf and thus the proposed rate continues the prior rate increased by the annual 2.75% increase.
- The occupancy fee will be escalated by 2.75% per year over the five year term.
- The total annual occupancy fee over the five year term will be \$2,252,666.58.
- Elmhurst will provide hot and cold water, electricity, heating, air conditioning, security and maintenance to the licensed space as well as light housekeeping.

Board of Directors Approval Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a revocable five-year license agreement with Newtown Dialysis Center, Inc. of New York Center (the “Licensee”) for its continued use and occupancy of 6,006 square feet of space at NYC Health + Hospitals/Elmhurst (the “Facility”) at an occupancy fee rate of \$71.00 per square foot or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five year term.